

October 3, 2016 8:30 A.M.

**JONES COUNTY BOARD OF COMMISSIONERS**

**REGULAR MEETING**

**JONES COUNTY AGRICULTURAL BUILDING, 110 MARKET STREET**

**TRENTON, NC 28585**

**MINUTES**

**COMMISSIONERS PRESENT:**

Zack Koonce, Chairperson

Frank Emory, Vice-Chairperson

Mike Haddock, Commissioner

Joseph Wiggins, Commissioner

Sondra Ipock-Riggs, Commissioner

**OFFICIALS PRESENT:**

Franky J. Howard, County Manager

Brenda Reece, Finance Officer

**COMMISSIONERS ABSENT:**

The Chairperson called the meeting to order. Commissioner Frank Emory gave the invocation.

**MOTION** was made by Commissioner Joseph Wiggins, seconded by Commissioner Frank Emory, and unanimously carried **THAT** the agenda be **APPROVED** as presented.

**MOTION** made by Commissioner Sondra Ipock-Riggs, seconded by Commissioner Frank Emory, and unanimously carried **THAT** the minutes for the Special Meeting on August 29, 2016 and the Regular Meeting on September 19, 2016 be **APPROVED**.

**PUBLIC COMMENT PERIOD:**

No Public Comment

**1. HIGHWAY 17 UPDATE**

Mr. Clifton Mills gave an update on the Highway 17 Project. The highway from Maysville to Chadwick has been cleared. The Project is on time and will be completed in 2018. Mr. Mills mentioned that a new ditch would be dug after completion to handle the drainage issues. This is information only no action needed by the Board.

**2. INTERSECTION OF HWY 41 AND TEN MILE FORK ROAD**

Mr. Clifton Mills updated the Board on the intersection of Hwy 41 and Ten Mile Fork Road. DOT has replaced the 24 inch Stop signs on Ten Mile Fork Road with 48 inch Stop signs. Mr. Mills said that DOT is currently monitoring the traffic accidents at the intersection, taking pictures and sending to the Greenville office for review. Commissioner Frank Emory asked what needed to happen to expedite lights being installed at the intersection. The cost estimate to install lights is \$50,000 to \$75,000. This is information only no action needed by the Board.

**3. POST EXPOSURE MANAGEMENT OF DOGS AND CATS**

Mr. Wesley Smith, Health Director presented the Board with an updated Board of Health Rule. This new rule reduces the quarantine time from 6 months to 4 months. This is



information only no motion needed. A copy of this Rule is marked **EXHIBIT A** and is hereby incorporated and made a part of the minutes.

**4. STD PREVENTION AGREEMENT**

Mr. Wesley Smith, Health Director presented the Board a request to accept additional state funds in the area of Epidemiology/Communicable Diseases. **MOTION** made by Commissioner Frank Emory, seconded by Commissioner Mike Haddock and unanimously carried **THAT** the Agreement Addendum be **APPROVED** as presented. A copy of this Agreement Addendum is marked **EXHIBIT B** and is hereby incorporated and made a part of the minutes.

**5. HEALTH DEPARTMENT MONTHLY SUMMARY REPORT**

Mr. Wesley Smith, Health Director presented the Board the Monthly Summary Report for the Health Department. This is information only no motion needed. A copy of this Report is marked **EXHIBIT C** and is hereby incorporated and made a part of the minutes.

**6. AGING AND PLANNING BOARD BY-LAWS AND APPOINTMENT APPLICATION**

Mr. Franky Howard presented the Board with the By-Laws for the Jones County Aging Planning Board. There was discussion by the Board. **MOTION** made by Commissioner Frank Emory, seconded by Commissioner Mike Haddock and unanimously carried **THAT** the By-Laws and Appointment Application be **APPROVED** as presented. A copy of the By-Laws and Appointment Application is marked **EXHIBIT D** and is hereby incorporated and made a part of the minutes.

**7. NC OFFICE OF STATE BUDGET AND MANAGEMENT CONTRACT - \$3M FOR NEW SCHOOL**

Mr. Franky Howard presented the Board with Contract for the Additional \$3 Million that Senator Harry Brown was able to work into the State Budget this past year. **MOTION** made by Commissioner Frank Emory, seconded by Commissioner Sondra Ipock-Riggs and unanimously carried **THAT** the Board **APPROVE** the \$3 million additional funds for the new school project as presented. A copy of the Contract is marked **EXHIBIT E** and is hereby incorporated and made a part of the minutes.

**8. SCHOOL PRE-DEVELOPMENT AGREEMENT**

Mr. Franky Howard presented the Board with the revised Pre-Development Agreement for the design of the New K-12 School for Jones County in the Trenton area. It includes the requested revisions by the County Attorney with more protections in place for the County. This also includes the answers to Commissioner Riggs' questions that were asked of the Architect during the workshop on August 31st. **MOTION** made by Commissioner Joe Wiggins, seconded by Commissioner Mike Haddock and unanimously carried **THAT** the Board **APPROVE** the Pre-Development Agreement. A copy of the Agreement is marked **EXHIBIT F** and is hereby incorporated and made a part of the minutes.

**9. BULK FUEL TANK PROPOSAL**

Mr. Franky Howard presented the Board with a proposal for a Bulk Fuel Tank for Jones County. The Proposal is to lease the tank at \$1200 per month for the remaining of the fiscal

year, with a purchase option for next fiscal year to be included in the budget. **MOTION** made by Commissioner Joe Wiggins, seconded by Commissioner Mike Haddock and unanimously carried **THAT** the Bulk Fuel Tank Proposal be **APPROVED** as presented. A copy of the Agreement is marked **EXHIBIT G** and is hereby incorporated and made a part of the minutes.

**10. 2017 HOLIDAY SCHEDULE**

Mr. Franky Howard presented the Board with the 2017 Holiday Schedule for Jones County. **MOTION** made by Commissioner Frank Emory, seconded by Commissioner Mike Haddock and unanimously carried **THAT** the 2017 Holiday Schedule be **APPROVED** as presented. A copy of the Holiday Schedule is marked **EXHIBIT H** and is hereby incorporated and made a part of the minutes.

**11. SURPLUS PROPERTY**

Mr. Franky Howard presented the Board with a list of Surplus Vehicles to post for sale on GovDeals. **MOTION** made by Commissioner Joe Wiggins, seconded by Commissioner Mike Haddock and unanimously carried **THAT** the Surplus Property be **APPROVED** as presented. A copy of the Surplus Vehicles is marked **EXHIBIT I** and is hereby incorporated and made a part of the minutes.

**12. LANDFILL FEE SCHEDULE UPDATE**

Mr. Franky Howard presented the Board with an updated Landfill Fee Schedule. **MOTION** made by Commissioner Mike Haddock, seconded by Commissioner Frank Emory and unanimously carried **THAT** the Landfill Fee Schedule be **APPROVED** as presented. A copy of the Amended Landfill Fee Schedule is marked **EXHIBIT J** and is hereby incorporated and made a part of the minutes.

**13. HEALTH DEPARTMENT CAPITAL REQUEST**

Mr. Franky Howard presented the Board with a Capital Request for a Storage Building. **MOTION** made by Commissioner Frank Emory, seconded by Commissioner Joe Wiggins and unanimously carried **THAT** the Capital Request be **APPROVED** as presented. A copy of the Request is marked **EXHIBIT K** and is hereby incorporated and made a part of the minutes.

**14. ABC BOARD BUDGET – PROFIT FY2015-2016**

The Jones County ABC Board has requested to retain their estimated FY 15-16 Profit of \$15,000 to make much needed capital improvements. **MOTION** made by Commissioner Frank Emory, seconded by Commissioner Sondra Ipock-Riggs and unanimously carried **THAT** the ABC Board Request be **APPROVED** as presented. A copy of the ABC Board Income Statement is marked **EXHIBIT L** and is hereby incorporated and made a part of the minutes.

**15. EMS Franchise – Elite Medical Transport**

Mr. Franky Howard recommended to the Board that they allow Elite Medical Transport to franchise in Jones County for Non-Emergency Medical Transport Services. They have assisted Jones County since JAS has gone out of business. **MOTION** made by



Commissioner Frank Emory, seconded by Commissioner Sondra Ipock-Riggs and unanimously carried **THAT** the Elite Medical Transport be **APPROVED** to franchise in Jones County for Non-Emergency Medical Transport Services. A copy of the Franchise Ordinance is marked **EXHIBIT M** and is hereby incorporated and made a part of the minutes.

#### COUNTY MANAGER'S REPORT

Mr. Franky Howard provided the Board with a pamphlet on the sales tax referendum. Mr. Howard mentioned the Fire and EMS Annual Meeting on October 25, 2016.

#### COMMISSIONER'S REPORTS

Commissioner Sondra Ipock-Riggs reported to the Board an issue with the mosquitoes in Jones County. Commissioner Ipock-Riggs also mentioned that the County does not repair roads nor does it have the funds to provide parks.

#### PUBLIC COMMENT


No public Comment

Chairperson Zack Koonce requested the meeting recess for five minutes at 9:45 am. Meeting reconvened at 9:50 am.

Mr. Franky Howard updated the Board on the Department of Social Services Director status. Mr. Howard gave the recommendation of Jack Jones possibly stepping in as interim Director, the Board concurred. Franky Howard also mentioned that Jacob Morgan is the new Cooperative Extension Director.

**MOTION** made by Commissioner Joe Wiggins, seconded by Commissioner Frank Emory, and unanimously carried **THAT** the meeting **ADJOURN** at 10:02 a.m.

  
Zack Koonce  
Chairman

  
Brenda Reece  
Interim Clerk to the Board

## Exhibit A

## Jones County Board of Health

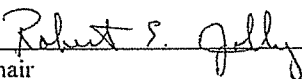
## BOH Rule for Post-exposure Management of Dogs and Cats

## Recommended by the NC Division of Public Health


This model rule for rabies post-exposure management of dogs and cats implements and particularizes the authority given to the local health director in G.S. 130A-197 to effectively and efficiently protect the public's health utilizing the most current science. Accordingly, the Jones County Board of Health adopts the recommendations and guidelines for rabies post-exposure management of dogs and cats specified by the National Association of State Public Health Veterinarians in the 2016 edition of the Compendium of Animal Rabies Prevention and Control (Part I. Rabies Prevention and Control B. Prevention and control methods in domestic and confined animals. 5. Post-exposure Management). These provisions of the Compendium shall be the required control measures pursuant to G.S. 130A-197.

Adopted this the 22<sup>nd</sup> day of September, 2016

## JONES COUNTY BOARD OF HEALTH

  
Chair

ATTEST

  
Secretary to the Board



NATIONAL ASSOCIATION  
of STATE PUBLIC HEALTH VETERINARIANS, INC.

March 1, 2016

MEMORANDUM

TO: State Public Health Veterinarians  
State Epidemiologists  
State Veterinarians  
All Parties Interested in Rabies Prevention and Control

FROM: Catherine M. Brown, DVM, MSc, MPH on behalf of the  
Compendium of Animal Rabies Prevention and Control Committee

SUBJECT: *Compendium of Animal Rabies Prevention and Control, 2016*

The National Association of State Public Health Veterinarians (NASPHV) is pleased to provide the 2016 revision of the Compendium of Animal Rabies Prevention and Control for your use and for distribution to practicing veterinarians, wildlife rehabilitators, animal welfare organizations, and officials in animal control, public health, wildlife management, and agriculture in your jurisdiction. This document is reviewed and revised as necessary, and the most current version replaces all previous versions. This cover memo summarizes the notable changes that were made to the document.

SUMMARY OF SIGNIFICANT CHANGES

Part I A.3. A new section was added under the Principles of Rabies Control and Prevention to emphasize the importance of an interdisciplinary approach to rabies prevention and control. While the document has always made reference to multi-agency involvement, it was deemed appropriate to explicitly state that rabies prevention requires the cooperation of animal control, law enforcement, and natural resource personnel; veterinarians; diagnosticians; public health professionals; physicians; animal and pet owners; and others at the local, state, and federal levels.

Part I A.9. The ability to make evidence-based changes to historic and effective rabies prevention and control recommendations has been hampered by knowledge gaps. Contributing to these gaps are limitations in the surveillance data collected at the local and state levels on rabid domestic animals and in national level collection and analysis of that data. The data elements to be collected and reported on all animals submitted for testing are species, point location, vaccination status, rabies virus variant (if rabid), and human or domestic animal exposures; those recommendations have not changed. However, in order to enhance the ability to make evidence-based recommendations from national surveillance data, additional data should be collected and reported on all rabid domestic animals. These additional data elements should include age, sex, neuter status, ownership status, quarantine dates (if any), date of onset of any clinical signs, and complete vaccination history.

Part I B.5. The most significant changes to the recommendations are found in the Postexposure Management section.

- There is no change to the way currently-vaccinated dogs, cats and ferrets that are exposed to a rabid or suspected rabid animal are managed. These animals should immediately receive veterinary care, be administered a booster rabies vaccine, and kept under the owner's observation for 45 days.
- Unvaccinated dogs, cats, and ferrets that are exposed to a rabid or suspected rabid animal should be euthanized. If the owner is unwilling to euthanize, the animal should immediately receive veterinary care and be administered a rabies vaccine. The strict quarantine period for dogs and cats has been reduced from six to four months following a review of likely incubation period data available from a few states. Longer incubation periods have occasionally been documented but are extremely rare. The strict quarantine period for ferrets remains six months due to a lack of data to support a change.
- Dogs and cats that are overdue for vaccination but have documentation (a valid vaccination certificate) of having previously received a USDA-licensed rabies vaccine, should immediately receive veterinary care, be administered a booster rabies vaccine, and kept under the owner's observation for 45 days. Published data demonstrates that previously vaccinated dogs and cats will mount a robust anamnestic response to a booster rabies vaccination despite being out-of-date.
- Dogs and cats that are overdue for vaccination but do NOT have documentation (a valid vaccination certificate) of having previously received a USDA-licensed rabies vaccine, should immediately receive veterinary care. They can be treated as unvaccinated and receive a rabies vaccination followed by a 4 month strict quarantine. If the owner or guardian wants to avoid euthanasia or strict quarantine, the veterinarian may, in consultation with the local rabies control official, use a prospective serologic monitoring protocol to demonstrate whether the animal mounts an adequate anamnestic response to a rabies vaccination. Specific guidance on this protocol is available on the National Association of State Public Health Veterinarians website at [www.nasphv.org](http://www.nasphv.org).

Part III: Rabies Vaccines Licensed and Marketed in the U.S., was updated. The information is provided by the vaccine manufacturers through the USDA's Center for Veterinary Biologics. It is current as of the time of printing but is subject to change.

The Compendium Committee wishes to thank its consultants and subject matter experts that assist in the development of these guidelines. The responsibility of developing guidelines to reduce the public health and veterinary impact of an almost uniformly fatal disease is one we all take very seriously. We would also like to thank all the veterinarians, public and animal health officials, animal control and wildlife officers and all others that read, use, and provide feedback on this document.

Finally, the continued need for more and better data collection, reporting, and analysis cannot be overstated and the Compendium Committee relies on all of you to assist in that process.

Sincerely,

*Corraine M. Brown*

## Exhibit B

**Division of Public Health  
Agreement Addendum  
FY 16-17**

Page 1 of 2

Jones County Health Department  
Local Health Department Legal Name

Epidemiology / Communicable Disease Branch  
DPH Section/Branch Name

610 STD Prevention  
Activity Number and Description

Vivian Mears, 252-341-3487  
vivian.mears@dhhs.nc.gov  
DPH Program Contact  
(name, telephone number with area code, and email)

06/01/2016 – 05/31/2017  
Service Period

\_\_\_\_\_  
DPH Program Signature Date  
(only required for a negotiable agreement addendum)

07/01/2016 – 06/30/2017  
Payment Period

- ☐ Original Agreement Addendum  
☒ Agreement Addendum Revision # 1 (Please do not put the Budgetary Estimate revision # here.)

**I. Background:**

*This Agreement Addendum Revision #1 adds the following paragraph:*

Chlamydia trachomatis is the most frequently observed bacterial sexually transmitted infection in the U.S. and in North Carolina. Although Chlamydia trachomatis (CT) is a reportable condition in North Carolina, the initial funding for this Agreement Addendum had not supported testing for men evaluated in local health department STD clinics.

**II. Purpose:**

This Agreement Addendum Revision #1 provides additional funding to assist the Local Health Department with their identifying, treating, and reporting Chlamydia trachomatis.

**III. Scope of Work and Deliverables:**

*As of October 1, 2016, this Agreement Addendum Revision #1 adds the following:*

In addition to performing one or more of the deliverables listed in Paragraphs 1, 2, and 3, the Local Health Department shall:

4. Provide urine Nucleic Acid Amplification Testing (NAAT) for Chlamydia trachomatis (CT) when a male STD patient may have had urethral exposure to CT within 60 days of the test and there are no clinical findings on exam or complaint of urethral symptoms.

Wendy Smith  
Health Director Signature

(use blue ink)

9/21/16  
Date

Local Health Department to complete:  
(If follow-up information is needed by DPH)

LHD program contact name:

Phone number with area code:

Email address:

KIMBERLY HOUGH, RN

252-448-9111 Ext. 3005

khaugh@jonescountync.gov

**Signature on this page signifies you have read and accepted all pages of this document.**

Revised July 2015

IV. Performance Measures/Reporting Requirements:

*As of October 1, 2016, this Agreement Addendum Revision #1 adds Performance Measures #4 and #5 as follows:*

Performance Measure #4:

This Performance Measure #4 is applicable only if the LHD has condom, educational material, and STD training needs met for FY 16-17 and is using the additional funding to provide enhanced STD testing:

Local Health Department shall estimate its condom, educational material, and STD training needs based on prior years and in anticipation of potential changes in FY 16-17.

Indicator: Number of patients who qualify for enhanced STD testing.

Reporting Requirement: LHD shall keep a record of the number of Chlamydia NAATs purchased.

Performance Measure #5:

Local Health Department shall ensure that a laboratory testing standing order which meets all requirements of the North Carolina Board of Nursing is written and approved by a Technical Assistance and Training Program (TATP) STD Nurse Consultant prior to submission to the LHD's medical director for signature.

Indicator: Standing order for urine Nucleic Acid Amplification Testing (NAAT) for Chlamydia is approved by a TATP STD Nurse Consultant.

Reporting Requirement: LHD shall electronically submit a copy of the final signed and dated standing order to the regional TATP Nurse Consultant.

V. Performance Monitoring and Quality Assurance:

No change.

VI. Funding Guidelines or Restrictions:

No change.

Federal Award Reporting Requirements for Pass-Through Agencies, 2 CFR § 200.331

FY17 Activity: 610 STD Prevention

Supplement 2

Supplement reason: ☒ In AA+BE or AA+BE Rev -OR- ☐ -

CFDA #: 93.940 Federal awd date: 7/21/16 Is award R&amp;D? no FAIN: U62PS003658 Total amount of fed awd: \$ 7,725,002

CFDA name: HIV Prevention Activities_Health Department Based		Fed award project description: Comprehensive HIV Prevention Project for Health Depts	
		Fed awarding agency: DHHS, Centers for Disease Control and Prevention	Federal award indirect cost rate: n/a %
Subrecipient	Subrecipient DUNS	Fed funds for this Supplement	Total All fed funds for this Activity
Alamance	965194483	3,000	3,579
Albemarle	130537822	3,000	3,579
Alexander	030495105	3,000	3,579
Anson	847163029	3,000	3,579
Appalachian	780131541	3,000	3,579
Beaufort	091567776	3,000	3,579
Bladen	084171628	3,000	3,579
Brunswick	091571349	3,000	3,579
Buncombe	879203560	3,000	3,579
Burke	883321205	3,000	3,579
Cabarrus	143408289	3,000	3,579
Caldwell	948113402	3,000	3,579
Carteret	058735804	3,000	3,579
Caswell	077846053	3,000	3,579
Catawba	083677138	3,000	3,579
Chatham	131356607	3,000	3,579
Cherokee	130705072	3,000	3,579
ay	145058231	3,000	3,579
Cleveland	879924850	3,000	3,579
Columbus	040040016	3,000	3,579
Craven	091564294	3,000	3,579
Cumberland	123914376	3,000	3,579
Dare	082358631	3,000	3,579
Davidson	077839744	3,000	3,579
Davie	076526651	3,000	3,579
Duplin	095124798	3,000	3,579
Durham	088564075	3,000	3,579
Edgecombe	093125375	3,000	3,579
Forsyth	105316439	3,000	3,579
Franklin	084168632	3,000	3,579
Gaston	071062186	3,000	3,579
Graham	020952383	3,000	3,579
Granville-Vance	063347626	3,000	3,579
Greene	091564591	3,000	3,579
Guilford	071563613	3,000	3,579
Halifax	014305957	3,000	3,579
Harnett	091565986	3,000	3,579
Haywood	070620232	3,000	3,579
Henderson	085021470	3,000	3,579
Hertford	627320971	3,000	3,579
ke	091563643	3,000	3,579
Hyde	832526243	3,000	3,579
Iredell	074504507	3,000	3,579
Jackson	019728518	3,000	3,579
Johnston	097599104	3,000	3,579
Jones	095116935	3,000	3,579
Lee	067439703	3,000	3,579
Lenoir	042789748	3,000	3,579
Lincoln	086869336	3,000	3,579
Macon	070626825	3,000	3,579
Madison	831052873	3,000	3,579
MTW	087204173	3,000	3,579
Mecklenburg	074498353	3,000	3,579
Montgomery	025384603	3,000	3,579
Moore	050988146	3,000	3,579
Nash	050425677	3,000	3,579
New Hanover	040029563	3,000	3,579
Northampton	097594477	3,000	3,579
Onslow	172663270	3,000	3,579
Orange	139209659	3,000	3,579
Pamlico	097600456	3,000	3,579
Pender	100955413	3,000	3,579
Person	091563718	3,000	3,579
Pitt	080889694	3,000	3,579
Randolph	027873132	3,000	3,579
Richmond	070621339	3,000	3,579
Robeson	082367871	3,000	3,579
Rockingham	077847143	3,000	3,579
Rowan	074494014	3,000	3,579
RPM	782359004	3,000	3,579
Sampson	825573975	3,000	3,579
Scotland	091564146	3,000	3,579
Stanly	131060829	3,000	3,579
Stokes	085442705	3,000	3,579
Surry	077821858	3,000	3,579
Swain	146437553	3,000	3,579
Toe River	113345201	3,000	3,579
Transylvania	030494215	3,000	3,579
Union	079051637	3,000	3,579
Wake	019625961	3,000	3,579
Warren	030239953	3,000	3,579
Wayne	040036170	3,000	3,579
Wilkes	067439950	3,000	3,579
Wilson	075585695	3,000	3,579
Yadkin	089910624	3,000	3,579

DPH-Aid-To-Counties

For Fiscal Year:16/17

Budgetary Estimate Number : 2

Activity 610	AA	1311 462C NB	1311 462D NB	1311 981A HV	1311 981E HV	1311 981F HV	Proposed Total	New Total
Service Period		06/01-12/31	01/01-05/31	01/01-05/31	06/01-12/31	01/01-05/31		
Payment Period		07/01-01/31	02/01-06/30	02/01-06/30	07/01-01/31	02/01-06/30		
01 Alamance	* 1	0	0	0	3,000	0	3,000	3,579
D1 Albemarle	* 1	0	0	0	3,000	0	3,000	3,579
02 Alexander	* 1	0	0	0	3,000	0	3,000	3,579
04 Anson	* 1	0	0	0	3,000	0	3,000	3,579
D2 Appalachian	* 1	0	0	0	3,000	0	3,000	3,579
07 Beaufort	* 1	0	0	0	3,000	0	3,000	3,579
09 Bladen	* 1	0	0	0	3,000	0	3,000	3,579
10 Brunswick	* 1	0	0	0	3,000	0	3,000	3,579
11 Buncombe	* 1	0	0	0	3,000	0	3,000	3,579
12 Burke	* 1	0	0	0	3,000	0	3,000	3,579
13 Cabarrus	* 1	0	0	0	3,000	0	3,000	3,579
14 Caldwell	* 1	0	0	0	3,000	0	3,000	3,579
16 Carteret	* 1	0	0	0	3,000	0	3,000	3,579
17 Caswell	* 1	0	0	0	3,000	0	3,000	3,579
18 Catawba	* 1	0	0	0	3,000	0	3,000	3,579
19 Chatham	* 1	0	0	0	3,000	0	3,000	3,579
20 Cherokee	* 1	0	0	0	3,000	0	3,000	3,579
22 Clay	* 1	0	0	0	3,000	0	3,000	3,579
23 Cleveland	* 1	0	0	0	3,000	0	3,000	3,579
24 Columbus	* 1	0	0	0	3,000	0	3,000	3,579
25 Craven	* 1	0	0	0	3,000	0	3,000	3,579
26 Cumberland	* 1	0	0	0	3,000	0	3,000	3,579
28 Dare	* 1	0	0	0	3,000	0	3,000	3,579
29 Davidson	* 1	0	0	0	3,000	0	3,000	3,579
30 Davie	* 1	0	0	0	3,000	0	3,000	3,579
31 Duplin	* 1	0	0	0	3,000	0	3,000	3,579
32 Durham	* 1	0	0	0	3,000	0	3,000	3,579
33 Edgecombe	* 1	0	0	0	3,000	0	3,000	3,579
34 Forsyth	* 1	0	0	0	3,000	0	3,000	3,579
35 Franklin	* 1	0	0	0	3,000	0	3,000	3,579
36 Gaston	* 1	0	0	0	3,000	0	3,000	3,579
38 Graham	* 1	0	0	0	3,000	0	3,000	3,579
D3 Gran-Vance	* 1	0	0	0	3,000	0	3,000	3,579
40 Greene	* 1	0	0	0	3,000	0	3,000	3,579
41 Guilford	* 1	0	0	0	3,000	0	3,000	3,579
42 Halifax	* 1	0	0	0	3,000	0	3,000	3,579
43 Harnett	* 1	0	0	0	3,000	0	3,000	3,579
44 Haywood	* 1	0	0	0	3,000	0	3,000	3,579
45 Henderson	* 1	0	0	0	3,000	0	3,000	3,579
46 Hertford	* 1	0	0	0	3,000	0	3,000	3,579
Hoke	* 1	0	0	0	3,000	0	3,000	3,579
Hyde	* 1	0	0	0	3,000	0	3,000	3,579
49 Iredell	* 1	0	0	0	3,000	0	3,000	3,579
50 Jackson	* 1	0	0	0	3,000	0	3,000	3,579

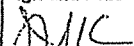


51 Johnston	* 1	0	0	0	3,000	0	3,000	3,579
52 Jones	* 1	0	0	0	3,000	0	3,000	3,579
53 Lee	* 1	0	0	0	3,000	0	3,000	3,579
54 Lenoir	* 1	0	0	0	3,000	0	3,000	3,579
55 Lincoln	* 1	0	0	0	3,000	0	3,000	3,579
56 Macon	* 1	0	0	0	3,000	0	3,000	3,579
57 Madison	* 1	0	0	0	3,000	0	3,000	3,579
D4 M-T-W	* 1	0	0	0	3,000	0	3,000	3,579
60 Mecklenburg	* 1	0	0	0	3,000	0	3,000	3,579
62 Montgomery	* 1	0	0	0	3,000	0	3,000	3,579
63 Moore	* 1	0	0	0	3,000	0	3,000	3,579
64 Nash	* 1	0	0	0	3,000	0	3,000	3,579
65 New Hanover	* 1	0	0	0	3,000	0	3,000	3,579
66 Northampton	* 1	0	0	0	3,000	0	3,000	3,579
67 Onslow	* 1	0	0	0	3,000	0	3,000	3,579
68 Orange	* 1	0	0	0	3,000	0	3,000	3,579
69 Pamlico	* 1	0	0	0	3,000	0	3,000	3,579
71 Pender	* 1	0	0	0	3,000	0	3,000	3,579
73 Person	* 1	0	0	0	3,000	0	3,000	3,579
74 Pitt	* 1	0	0	0	3,000	0	3,000	3,579
76 Randolph	* 1	0	0	0	3,000	0	3,000	3,579
77 Richmond	* 1	0	0	0	3,000	0	3,000	3,579
78 Robeson	* 1	0	0	0	3,000	0	3,000	3,579
79 Rockingham	* 1	0	0	0	3,000	0	3,000	3,579
80 Rowan	* 1	0	0	0	3,000	0	3,000	3,579
D5 R-P-M	* 1	0	0	0	3,000	0	3,000	3,579
2 Sampson	* 1	0	0	0	3,000	0	3,000	3,579
83 Scotland	* 1	0	0	0	3,000	0	3,000	3,579
84 Stanly	* 1	0	0	0	3,000	0	3,000	3,579
85 Stokes	* 1	0	0	0	3,000	0	3,000	3,579
86 Surry	* 1	0	0	0	3,000	0	3,000	3,579
87 Swain	* 1	0	0	0	3,000	0	3,000	3,579
D6 Toe River	* 1	0	0	0	3,000	0	3,000	3,579
88 Transylvania	* 1	0	0	0	3,000	0	3,000	3,579
90 Union	* 1	0	0	0	3,000	0	3,000	3,579
92 Wake	* 1	0	0	0	3,000	0	3,000	3,579
93 Warren	* 1	0	0	0	3,000	0	3,000	3,579
96 Wayne	* 1	0	0	0	3,000	0	3,000	3,579
97 Wilkes	* 1	0	0	0	3,000	0	3,000	3,579
98 Wilson	* 1	0	0	0	3,000	0	3,000	3,579
99 Yadkin	* 1	0	0	0	3,000	0	3,000	3,579
Totals		0	0	0	255,000	0	255,000	304,215


Sign and Date - DPH Program Administrator

 7-29-16

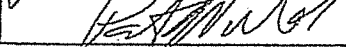
Sign and Date - DPH Section Chief

 7/29/16

Sign and Date - DPH Contracts Office

 8-2-16

Sign and Date - DPH Budget Officer


8/5/16  
JS 8/5/16

## Exhibit C

Jones County Health Department Monthly Summary Report – August 2016		
CLINICAL SERVICES	CURRENT MONTH	YEAR-TO-DATE
Family Planning	9	29
Maternal Health (Pregnancy Tests; Pre-natal Vitamins)	1	5
BCCCP	1	2
Wisewoman	2	4
Immunizations	11	14
Seasonal Flu Shots - Adults	0	0
Seasonal Flu Shots - Children	0	0
STD Screenings/Treatments	8	25
Communicable Disease Cases/Investigations	11	20
TB Treatments (Latent) & Skin Tests	9	18
Child Health (Wellness)	6	11
Child Health (Sick Care)	0	1
Dental Varnishing	0	0
Lab Services	45	88
Blood Lead Investigations	2	3
<b>WIC (Women, Infant &amp; Children)</b>		
Food Benefit Issuance	35	66
Initial Certification	16	23
Mid-Certification Assessment	14	29
Subsequent Certifications	18	36
Nutrition Education	18	30
Total Clients Participating During the Month	225	
<b>CASE MANAGEMENT SERVICES</b>		
<b>Pregnancy Care Management (OBCM):</b>		
Current Case Load	40	
Contacts Made	43	60
Contacts Attempted (No Contact)	8	8
<b>Care Coordination for Children (CC4C):</b>		
Current Case Load	14	
Contacts Made	262	468
Contacts Attempted (No Contact)	29	49
<b>Community Alternatives Program (CAP/DA):</b>		
Current Case Load	25	
Initial Assessment (New Admission)	1	1
Monthly Contacts (By Telephone)	19	44
Quarterly Contacts (Home Visit)	7	14
Annual Reassessment	4	5
<b>ENVIRONMENTAL HEALTH</b>		
<b>Food and Lodging:</b>		
F&L Inspections	11	11
F&L Visits	3	6
F&L Pre-Opening Visits	4	4

F&L Permits Issued	1	1
F&L Permits Suspended	0	0
F&L Suspensions Lifted	0	0
F&L Complaint Investigations	0	0
F&L Consults	0	0
<b>On-Site Wastewater:</b>		
Sites Visited/Evaluated	21	48
Improvement Permits Issued	2	4
Construction Authorizations	2	7
Other Authorizations	7	12
Consultative Contacts	22	40
Operation Permits Issued	1	4
<b>Private Wells:</b>		
Well Site Evaluated	0	0
Grouting Inspections	0	0
Well Site Construction Visits	0	0
Well Construction Permits Issued	0	0
Well Certificate of Completion	0	0
Bacteriological Samples Collected	0	4
Other Sample Collected	0	4
Well Consultative Contacts	0	0
<b>Rabies Control:</b>		
Animal Bite Reports	1	4
Rabies Exposure (No bite)	0	0
<b>VITAL RECORDS</b>		
Death Certificates	5	14
Home Birth Certificates	0	0
<b>CAR SEAT PROGRAM</b>		
Car Seats Distributed by Health Department	2	4
Car Seats Distributed by Partner Agencies	0	0
<b>HEALTH EDUCATION/PREPAREDNESS UPDATES</b>		
<p><b>Health Education:</b> Set up meeting with school system to begin implementing Asthma Flag Program. Amy attended webinar for human trafficking; Wes attended CCSAP monthly meeting and board retreat. Began work on the town hall meeting to address underage drinking. Reminded staff of upcoming Heritage Day Festival and need to coordinate schedules for coverage. Also began gathering information and promotional materials to hand out to visitors.</p> <p><b>Preparedness:</b> Wes &amp; Amy attended Partnership Forum; invited EM,EMS, Sheriff's Office, and Maysville Police to also attend meeting in Greenville. Completed monthly radio check of state radio, began completing January to July Capabilities Rubric Report for state.</p>		
<b>OTHER UPDATES</b>		
<p><b>Health Director:</b> Presented Animal Bite/Exposure Report for FY 15/16 to Board of Commissioners on 8/1/16; attended meeting with County Manager on 8/2/16 to discuss potential Consolidation of Health and Human Services; attended Jones SOC &amp; JCPC meetings on 8/12/16; attended NCALHD monthly meeting on 8/18/16; attended CCSAP Task Force meeting on 8/23/16; attended Consolidation public hearing on 8/29/16; attended annual CCSAP Board retreat on 8/31/16; ongoing focus on Health Department re-Accreditation in Spring of 2017</p>		

**Jones County Health Department  
Animal Bite/Exposure Monthly Tracking FY 2016-17**

onth: August, 2016

[illegible]

## Exhibit D

**Jones County Aging Planning Board  
Bylaws****Section I. Purpose and Duties**

The purpose and duties of the Jones County Aging Planning Board (hereinafter referred to as the JCAPB) shall be to promote and improve the well-being of senior citizens in Jones County; to make recommendations, advise and consult with the County Board of Commissioners and the County Manager on the funding and development of facilities, services, and programs to enhance the quality of life for older adults, and; to coordinate/cooperate with other organizations and human service agencies to enrich the lives of all County seniors.

The JCAPB may adopt bylaws, rules and regulations governing its procedure not inconsistent with the provisions of State and County laws.

The JCAPB shall make reports to the County Board of Commissioners as requested by January of each year.

**Section II. Membership and Terms**

The JCABP shall consist of twelve (12) members. No less than six (6) appointed by the Jones County Board of Commissioners. Suggested representation is as follows:

Six (6) members-at-large, 3 of whom must be seniors 60 years of age or older, and two (2) of whom may be adults with interests or expertise in Aging issues; representing all geographic areas of the county.

The Director, or his designee, from each of the following agencies to serve continuously (either of whom will have full voting authority and shall be counted towards fulfilling quorum requirements):

- Department of Social Services
- Coastal Community Action, Inc.
- County Area Rural Transit System (CARTS)

One (1) County Commissioner

The designated Senior Tar Heel Legislature Delegate or alternate,

One (1) ex-officio (non-voting) member, representing the Area Agency on Aging

Members-at-large and organization representatives shall be appointed for a three (3) year term. Terms of membership shall commence on the first day of July. Succeeding terms shall be for three (3) years. Efforts should be made to recruit members-at-large members from all areas of the County. All ex-officio members, the appointed County

Commissioner, and agency directors or director's designee shall serve continuously and in accordance with any procedures established by the Board of Commissioners.

### **Section III. Vacancies**

Vacancies of unexpired terms shall be filled by appointment of the County Commissioners. Recommendations for appointments should be sought from the agencies and organizations listed in Section II and/or through the existing JCAPB membership.

### **Section IV. Officers and Elections**

There shall be a chairman, vice-chairman, and secretary of the JCAPB. The chairman shall appoint a nominating committee no later than May to prepare for the annual election of officers at the July meeting. New officers will take office at the subsequent regular meeting.

Officers shall serve for a one (1) year term with the option of re-election for any number of terms so long as s/he is a member of the Aging Planning Board. In the event an officer's appointment to the JCAPB is terminated, a replacement to this office shall be elected by the Board from its membership, at the meeting following termination.

### **Section V. Duties of Officers**

Chairman: shall preside at all meetings, sign any papers on behalf of the Board, appoint committees, call special meetings when s/he deems it advisable, and perform or delegate all additional duties associated with the chairmanship.

Vice-Chairman: shall serve in the absence of the chairman; when both chairman and the vice-chairman are absent, a temporary chairman shall be elected by those members who are present.

Secretary: shall keep official records of the Board, handle the correspondence of the Board as directed, and keep minutes of each meeting.

### **Section VI. Meetings, Quorum, and Attendance**

Regular meetings of the JCAPB shall be held on the second Tuesday of each month at a location designated by the chairman. The chairman may call a special meeting at any time by giving each Board member at least seventy-two (72) hours' notice.

A quorum is required at any meeting before action of official nature may be taken. A quorum shall consist of a minimum of five (5) voting members present. The president shall vote only as required to break a tie.

A voting member who misses three (3) consecutive meetings, or who misses **half of the regularly scheduled meetings in any given year** shall lose his /her status as a

member of the Board, until or unless reappointed by the County Board of Commissioners. Absence due to sickness, death, or other emergencies shall be regarded as excused, and shall not affect Board members' status, providing prior notice is given to the Secretary.

Business shall be conducted according to Robert's Rules of Order, most recent edition.

**Section VII: Amendments**

1. These bylaws may be amended by a two-third (2/3) vote of the JCAPB voting members present at any regular or special meeting.
2. Written notice of any proposed change in the bylaws shall be sent to all JCAPB members at least two (2) weeks in advance of any such action.
3. Bylaws are amended only after the final approval of the amendment(s) by the County Board of Commissioners. Amendment(s) shall have immediate application following approval by the County Board of Commissioners.

(For Internal Use Only)

Date Received: \_\_\_\_\_

Date Appointed \_\_\_\_\_; Reappointed \_\_\_\_\_

### Volunteer Board Information and Interest Sheet Jones County, North Carolina

Names of board, committee, authority, etc., in which you are interested. Please list in order of priority:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City Limits: \_\_\_\_\_ Yes \_\_\_\_\_ No

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Township: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

(Please indicate your preferred contact number.)

**Education:**

\_\_\_\_\_  
\_\_\_\_\_

**Business and Civic Experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Areas of Expertise, Interest, Skills:**

\_\_\_\_\_  
\_\_\_\_\_

**Why do you want to serve?:**

\_\_\_\_\_  
\_\_\_\_\_

**Please List Other Local, Regional and Statewide Boards, Committees or Commissions on Which You Serve:**

\_\_\_\_\_  
\_\_\_\_\_

(A resume may be attached to this form, but will not be accepted in lieu of the form.)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please be advised that this form is a public record, and must be made available to the public upon request.**

The Jones County Board of Commissioners sincerely appreciates the interest of all citizens in serving their county. For more information on the responsibilities of various boards, you may view the on-line board descriptions or contact the County Clerk's Office at (252) 448-7571. RETURN FORM TO: JONES COUNTY CLERK, 418 Hwy 58 N, Unit A, Trenton, NC 28585. The form may also be sent via e-mail [ahall@jonescountync.gov](mailto:ahall@jonescountync.gov) or fax: (252) 448-1072

*This form will remain active until two years after date received.*



## Exhibit E

## Office of State Budget and Management

## Contract # 2017.54.0

This Contract is hereby entered into by and between the Office of State Budget and Management (the "Agency") and Jones County (the "Recipient") (referred to collectively as the "Parties"). The Recipient's federal tax identification number is \_\_\_\_\_.

**1. Contract Documents:**

This Contract consists of the following documents:

- (1) This Contract
- (2) The General Terms and Conditions (Attachment A)
- (3) Notice of Certain Reporting Requirements (Attachment B)
- (4) Scope of Work and Annual Budget (Attachment C)
- (5) Iran Divestment Act Certification (Exhibit D)

These documents constitute the entire agreement between the Parties and supersede all oral and written statements, negotiations or agreements made, communicated, negotiated or entered into prior to or contemporaneously with the full execution of this Contract.

**2. Precedence Among Contract Documents:**

In the event of a conflict between or among the terms of the Contract Documents, the terms in the Contract Document with the highest relative precedence shall prevail. The order of precedence shall be the order of documents as listed in Paragraph 1, above, with the first-listed document having the highest precedence and the last-listed document having the lowest precedence. If there are multiple Contract Amendments, the most recent amendment shall have the highest precedence and the oldest amendment shall have the lowest precedence.

**3. Effective Period:**

This Contract shall be effective on July 1, 2016 and shall terminate on June 30, 2017.

**4. Recipient's Duties:**

The Recipient shall provide the services as described in Attachment C.

**5. Agency's Duties:**

The Agency shall pay the Recipient in the manner and in the amounts specified in the Contract Documents. The total amount paid by the Agency to the Recipient under this Contract shall not exceed \$3,000,000 as identified on Page J 58 of the Joint Conference Committee Report on the Base, Capital and Expansion Budgets, House Bill 1030 (Session Law 2016-94) as follows:

Provides \$3,000,000 to Jones County for the construction of a collocated middle and high school.

There are no matching requirements from the Recipient. Contributions from the Recipient shall be sourced from non-federal funds. The total contract amount is \$3,000,000.

**6. Conflict of Interest Policy:**

The Recipient shall file with the Agency a copy of its policy and any ordinance or resolution it has adopted addressing conflicts of interest that may arise involving the members of the Recipient's governing body and/or any of its employees or officers involved in the grant or the project. Such policy, ordinance or resolution shall address situations in which any of these individuals may directly or indirectly benefit, other than through receipt of their normal compensation in their capacities as the Recipient's employees, officers or members of its governing body, from the Recipient's disbursing of State funds, and shall include actions to be taken by the Recipient or the individual, or both, to avoid conflicts of interest and the appearance of impropriety. Additionally, the Recipient certifies that, as of the date it executes this Contract, no such individuals have such a conflict of interest or will directly or indirectly benefit, except in the capacities described above, from the grant or project. Throughout the duration of this Contract, the Recipient has the duty to

promptly inform the Agency of any such conflict of interest or direct or indirect benefit of which it becomes aware. The policy shall be filed before Agency may disburse the grant funds.

#### 7. Reporting Requirements:

The Agency has determined that this Contract is subject to the reporting requirements described in the attached Notice of Certain Reporting Requirements (Attachment B), which is part of this Contract. The Recipient shall comply with all of the reporting requirements and provisions described in Attachment B hereto. All reporting requirements shall be filed with the Agency using the prescribed forms Agency provides to Recipient.

#### 8. Payment Provisions:

Upon execution of this contract, the Recipient may request and, upon approval by the Agency, receive a single payment for amounts up to one hundred thousand dollars (\$100,000). For grants-in-aid of more than one hundred thousand dollars (\$100,000) payment will be paid in quarterly installments, unless Recipient can demonstrate an immediate need for an amount greater than what would otherwise be paid quarterly.

#### 9. Contract Administrators:

All notices permitted or required to be given by one Party to the other and all questions about the contract from one Party to the other shall be addressed and delivered to the other Party's Contract Administrator. The name, post office address, street address, telephone number, fax number, and email address of the Parties' respective initial Contract Administrators are set out below. Either Party may change the name, post office address, street address, telephone number, fax number, or email address of its Contract Administrator by giving timely written notice to the other Party.

For the Agency	
IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
Fred E. Duyck, Chief Financial Officer Office of State Budget and Management 20320 Mail Service Center Raleigh, NC 27699-0320  Telephone: (919) 807-4764 Fax: (919) 733-0640 Email: fred.duyck@osbm.nc.gov	Fred E. Duyck, Chief Financial Officer Office of State Budget and Management 116 W. Jones Street, Suite 5200 Raleigh, NC 27603  Telephone: (919) 807-4764 Fax: (919) 733-0640 Email: fred.duyck@osbm.nc.gov

For the Recipient	
IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
Brenda Reece, Finance Officer Jones County 418 Hwy 58 N, Unit A Trenton, NC 28585  Telephone: (252) 448-5111 Email: breece@jonescountync.gov	Brenda Reece, Finance Officer Jones County 418 Hwy 58 N, Unit A Trenton, NC 28585  Telephone: (252) 448-5111 Email: breece@jonescountync.gov

#### 10. Disbursements:

In addition to the other requirements set forth above and in the attached documents concerning the disbursement of grant funds by the Recipient (including any sub-recipient(s) and sub-sub-recipient(s)), as well as all requirements imposed on grant fund expenditures by applicable law, rules and regulations, the Recipient acknowledges and agrees, as an express condition of this Contract, to make disbursements of all grant funds in accordance with the following requirements. The Recipient shall:

- a. Implement adequate internal controls over all disbursements;
- b. Pre-audit all vouchers presented to it for payment to determine:

- The validity and accuracy of the requested payment;
  - The payment due date;
  - The adequacy of all documentation allegedly supporting the requested payment; and
  - The legality of all disbursements and requested disbursements;
- c. Assure adequate control of signature stamps and plates;
  - d. Assure adequate control of all negotiable instruments; and
  - e. Implement adequate procedures to insure that its account balance is solvent and shall reconcile its account monthly.

**11. Outsourcing:**

The Recipient certifies that it has identified to the Agency all jobs related to this Contract that have been outsourced to other countries, if any. The Recipient further acknowledges that it may not outsource to any other country any jobs related to this Contract during the term of this Contract without obtaining the prior written approval of the Agency.

**12. Procurement, Suspension and Debarment:**

The Recipient acknowledges and agrees that, in its conduct under this Contract and in connection with any and all expenditures of grant funds made by it, the Recipient, its officers, agents and employees shall be and are subject to the provisions of the North Carolina General Statutes and the North Carolina Administrative Code relating to and governing procurement, public contracts, suspension and debarment. The Recipient further acknowledges and agrees that, in the event that it grants any of the grant funds awarded hereunder to one or more sub-recipients or sub-sub-recipients, the Recipient shall, by contract, ensure that the provisions of the North Carolina General Statutes and the North Carolina Administrative Code relating to and governing procurement, public contracts, suspension and debarment are made applicable to and binding upon any and all of the Recipient's sub-recipients, sub-sub-recipients, etc.

**13. Cost Principles:**

The Recipient acknowledges and agrees that, in its conduct under this Contract and in connection with any and all expenditures of grant funds made by it, it shall comply with the cost principles enunciated in the Code of Federal Regulations, 2 CFR, Part 200. The Recipient further acknowledges and agrees that, in the event that it grants any of the grant funds awarded hereunder to one or more sub-recipients or sub-sub-recipients, the Recipient shall, by contract, ensure that said cost principles are made applicable to and binding upon any and all such sub-recipients, sub-sub-recipients, etc. in their handling, use and expenditure of the funds awarded to the Recipient hereunder.

**14. Final Reports and Certifications:**

The Recipient shall file all reports and certifications, as described and required by Attachment B to this Contract, concerning its receipt, handling and expenditure of all grant funds awarded hereunder, including any interest earned by the Recipient from such funds, with the Agency.

**15. Monitoring and Auditing:**

The Recipient acknowledges and agrees that, from and after the date of execution of this Contract and for five (5) years following its termination, the books, records, documents and facilities of the Recipient are subject to being audited, inspected and monitored at any time by the Agency upon its request (whether in writing or otherwise). The Recipient and its officers, agents and employees shall make the Recipient's books, records, documents and offices/facilities available to the Agency and its personnel for inspection, audit and monitoring upon the Agency's request, shall answer any questions posed to them by the Agency and shall provide the Agency, upon its request, with any documents, records or information sought by the Agency in its efforts to monitor and audit the Recipient's activities regarding the funds awarded under this Contract. The Recipient further agrees to keep and maintain all of its books, records and documents relating in any way to the grant funds awarded hereunder for the time period specified in Attachment A hereto.

The Recipient acknowledges and agrees that, with regard to the grant funds, it will be subject to the audit and reporting requirements prescribed by N.C.G.S §159-34, Local Government Finance Act - Annual Independent Audit; rules and regulations. Such audit and reporting requirements may vary depending upon the amount and source of grant funding received by the Recipient and are subject to change from time to time.

**16. Grant Agreement with Sub-Recipient(s):**

In the event that the Recipient grants to a sub-recipient, a sub-sub-recipient, etc. any of the grant funds awarded to the Recipient hereunder, the Recipient must retain a signed copy of the contract or letter pursuant to which the grant funds awarded to the Recipient hereunder are granted to a sub-recipient, a sub-sub-recipient, etc.

**17. Repayment of Grant Funds to Agency:**

In the event that the Recipient, either directly or indirectly (e.g., through a sub-recipient or sub-sub-recipient) commits any breach of this Contract which the Recipient fails to fully cure within thirty (30) days of its receipt of written notice from the Agency of said breach, the Agency may make demand in writing of the Recipient that it repay the Agency so much of the grant funds awarded under this Contract, up to and including 100% of the amount of the award made under this Contract. In such an event, the Recipient shall repay said amount to the Agency within thirty (30) days of its receipt of said demand for repayment, as well as any interest earned by the Recipient on said amount.

In addition, in the event that this Contract should be terminated by the parties or otherwise comes to an end prior to the time when the Recipient, its sub-recipient(s), any sub-sub-recipient(s), etc. have expended all of the funds awarded under this Contract, the Recipient shall, within thirty (30) days of said termination or contract end, return to the Agency all such unexpended funds as well as any interest earned by the Recipient on such funds. Furthermore, the Recipient shall, by contract, ensure that, in the event that its sub-recipient(s) enter into any sub-sub-recipient agreements involving any of the funds awarded hereunder, all such sub-recipient, sub-sub-recipient, etc. are required to repay to their recipient(s) all such unexpended funds, as well as any interest earned by the sub-recipient or sub-sub-recipient on such funds, so that the Recipient can return those unexpended funds and interest to the Agency within thirty (30) days of the termination or other end of this Contract. In any event, the Recipient shall be and remain liable to the Agency for the repayment to the Agency of all grant funds that are unexpended (either by the Recipient or any sub-recipient, sub-sub-recipient, etc.) at the time of the termination or other end of this Contract, as well as the repayment of any interest earned by the Recipient, sub-recipient or sub-sub-recipient on such funds at that time.

**18. Termination:**

Subject to the provisions of paragraph 17 of this Contract, this Contract may be terminated in accordance with the provisions set forth in Attachment A hereto; however, the reporting, monitoring and audit requirements and provisions of this Contract shall survive any such termination.

**19. Authorized Signature Warranty:**

The undersigned represent and warrant that they are authorized to bind their principals to the terms of this agreement.

**In Witness Whereof**, the Recipient and the Agency have executed this Contract in duplicate originals, with one original being retained by each party.

**Jones County**

Signature

Date

*Zack A Kance III*

*Chairperson*

Printed Name

Title

**ATTEST**

Notary Public

Date Notarized

Printed Name

Title

**[OFFICIAL SEAL]**

**Office of State Budget and Management**

Signature

Date

Printed Name

Title

## Exhibit F

NORTH CAROLINA

JONES COUNTY

**PRE-DEVELOPMENT AGREEMENT**

This Agreement entered into on the 3rd of October, 2016 by and between FIRSTFLOOR K-12 SOLUTIONS, LLC, or an assigned subsidiary (hereinafter "Developer"), the Jones County Board of Commissioners (hereinafter "County"), and the Jones County Board of Education (hereinafter "School Board") (together, the "School Parties").

**RECITALS**

A. The School Board wishes to have certain K-12 school facilities designed, developed, owned and operated by the private sector and leased to the School Board.

B. N.C. Gen. Stat. §115C-530 authorizes the Board of Education to enter into leases of school buildings and school facilities subject to the approval of the County Board of Commissioners and Local Government Commission.

C. The School Board wishes to maintain full control of and responsibility for all matters pertaining to students and academic staff in the schools, including (i) academic, athletic and recreational activities, (ii) disciplinary matters, (iii) use of school facilities, and (iv) control of all goods and services (other than the school facilities themselves) to be provided to students or staff in each school.

D. The School Parties wish to engage Developer to design and develop a school facility. The School Parties and the Developer contemplate that during the term of this Pre-Development Agreement they will enter into a build-to-suit Lease Agreement under which the Developer will construct a school facility which will be leased by the School Board or County (the "Lease Agreement").

E. The School Board's goals in having the private sector develop a school on its behalf include:

1. That the design addresses the specific academic, athletic and other program requirements for that school;
2. That the school be designed and constructed to a very high state-of-the-art standard that is in compliance with the Design Guidelines published by the North Carolina State Department of Public Instruction (DPI) or other local design guidelines. It is recognized that deviations from such guidelines is expected and approval of the design by the Board of Education or its representative and DPI is an acceptance of such deviations;

3. That the school be completed and delivered ready for occupancy within dates to be established by the School Board;
4. That the school facilities be efficiently operated to a very high standard that is responsive to the needs of the school communities; and
5. That there be demonstrable risk transference to the Developer and financial savings to the School Parties in procuring the partnered school, both for capital costs and long term operating costs.

F. The Developer has expertise and experience in development of privately owned facilities for public uses.

G. The Developer has provided the School Board and County with a proposed estimated Project Budget (Exhibit E) and proposed estimated lease terms (Exhibits F and G).

H. The School Board desires to retain sole responsibility for all students and all teaching, administrative and other staff involved the programs and activities conducted in the Schools, and the School Board desires that the Developer shall (i) have no role in, responsibility for, or control over any academic or other school activity conducted by the School Board in the Schools, and (ii) not operate any vending machines or food operations in the Schools, and (iii) not sell any goods or services to students or staff, other than the school facilities themselves.

I. The parties contemplate that the Project will be implemented in three phases:

1. Pre-Development Phase, pursuant to the terms of this Agreement, during which the planning and documentation of the Project will be undertaken, culminating in the production and approval of the Project Plan for the School;
2. Development Phase, during which the approved Project Plan will be implemented pursuant to the Lease Agreement, culminating in the successful completion of the School; and
3. Operations Phase, commencing on completion of the School and continuing for the duration of the lease term for the School.

J. The School Board, the County and the Developer are committed to working together in a manner designed to benefit the educational process.

NOW, THEREFORE, the School Board, the County and the Developer, in consideration of the mutual covenants and agreements herein contained and for other good and valuable consideration, covenant and agree as follows:

**ARTICLE I**  
**DEFINITIONS**

All capitalized terms not otherwise defined herein shall have the meaning set forth in this Section 1.

Section 1.01 **Architect** Sfl+a Architects.

Section 1.02 **Agreement** means this agreement.

Section 1.03 **Architectural Plans** means all Drawings and other documents illustrating the design of the School and its various components, including exterior elevations, the layout and interior circulation plan, paving, sidewalks, lighting, landscaping and other ancillary improvements. Architectural Plans shall include schematic design and design development drawings.

Section 1.04 **School** means a K-12 School acceptable to the School Parties containing approximately 108,100 square feet plus an auxiliary gym (13,900 SF), and stage area (2,000 SF) for a total of approximately 124,000 SF. The design of the School shall conform with all requirements of the State Board of Education for elementary, middle and high schools at the time the Developer receives a building permit for the construction of the School. The design for furniture and technology, including their infrastructure layout, will be done by the Developer.

Section 1.05 **Consultants** means those third parties engaged by Developer who provide Work Product, including, without limitation, the Architect, soils and geotechnical engineers, civil, Structural, Mechanical, Electrical Engineers, Landscape Architect, LEED and Acoustical Consultants and including other consultants such as Financial, Investment Banking, Tax Credit, Accounting, Legal Counsel, Procurement, Grant Consultants and general Development Consultants.

Section 1.06 **Drawings** mean all graphics and pictorial documents, depicting the design, location and dimensions of the School.

Section 1.07 **Work Product** means all Architectural Plans, studies, reports, and other tangible deliverables or work product prepared by the Consultants within the categories set forth on the Schedule of Services attached hereto as Exhibit A.

Section 1.08 **Management Plan** means the Management Plan set forthin Exhibit B hereto.



**ARTICLE II**  
**Design of School**

**Section 2.01 Retention of Architect.** Concurrently herewith Developer has entered into an agreement for architectural services with Architect to provide design services for the School.

**Section 2.02 Site Location.** Promptly following the execution hereof, the Developer and the School Board shall work together to identify a suitable site on which the School will be located. It is the intention of the Parties that the school be located on land currently owned by the Board of Education.

**Section 2.03 Site Acquisition.** While it is anticipated that the School Parties will lease the site and lease it to the Developer, the Developer may also acquire the site with the approval of the County and School Board.

**Section 2.04 Project Management Team.** Promptly following the execution hereof, the parties agree that they will establish a School Project Management Team (PMT) comprised of the Developer's School Project Manager for the School project, the principal architect in charge of the School project, the primary representative in charge of the School project for the School Board, and the primary representative in charge of the School project for the school system. Members of the PMT may from time to time consult with such other persons as the members of the PMT may deem appropriate for different phases of the School project.

**Section 2.04 Commencement of Work.** Once the site has been selected, the Developer shall cause the Architect to promptly and diligently prepare the Work Product for the School pursuant to the Management Plan. The School Board shall be responsible for providing the Developer on a timely basis with information and approvals required for the Developer to meet the deadlines set forth on the Management Plan, as it may be amended from time to time. The parties acknowledge that the Management Plan is an estimate of the schedule for the delivery of the Work Product, and that circumstances may arise from time to time to cause changes in the Management Plan. All of the parties agree (i) to notify the other promptly upon the occurrence or discovery of any circumstance that requires a change in the Management Plan, (ii) to modify periodically the Management Plan to address such circumstances, and (iii) that reasonable changes to or failures to meet deadlines set forth in the Management Plan as a result of such circumstances that are out of the control of the Developer shall not constitute a breach hereof. Except as provided in Section 3 below, in no event shall the Developer, the Architect or any Consultant be entitled to reimbursement by the School Board for any cost or expense associated with site selection, design, or construction of the School. All such costs and expenses shall at all times remain the sole liability and responsibility of Developer. The Developer shall provide the School Parties with at least one written quote for any work outlined in Exhibit C for which the Developer might seek reimbursement within fifteen (15) days of the execution of this Agreement or prior to the commencement of the identified work, whichever date is later.

**Section 2.05 Modification of Plans.** The Developer shall cause the Architect to amend or modify the Architectural Plans so as to respond to objections or comments made by the School Board. The participation of the School Board in development of the Architectural Plans and Work

Product shall not be construed as approval of the same unless the School Board votes at a Board meeting or provides written confirmation of its approval.

**ARTICLE III**  
**Purchase of Work Product**

**Section 3.01 Purchase of Work Product.** Except as provided in Section 4.03, within 45 days after the termination of this Agreement pursuant to clause (ii) or (iii) of Section 4.01, the County shall pay to the Developer the sum of (a) all amounts paid by the Developer to the Consultants for the items on Exhibit C, except the County shall not be responsible for the Developer's legal fees, Bond Counsel and Investment Banker/Placement Agent, plus (b) all amounts billed to or owed by the Developer or the Consultants for the compensable expenses to the date of termination as outlined in Exhibit C as attached herein unless said termination is due to the fault of the Developer. The Developer shall not be entitled to compensation from the School Parties for Developer's legal fees, Project/Bond Counsel, the Investment Banker/Placement Agent and counsel to the Investment Banker/Placement Agent, unless the Developer delivers a design of the School in substantial compliance with Section 1.04 that is reasonably acceptable to the School Parties, and the proposed Lease Agreement substantially meets the requirements of Section 5.03 of this Agreement, and the School Parties elect not to enter into the Lease Agreement through no fault of the Developer. In no event shall the total amount owed following termination of this Agreement exceed any individual line item in Exhibit C. In return, the Developer shall transfer to the School Board all of the Developer's rights to the Work Product and all tangible items constituting any portion of the Work Product. Bills for work by the Consultants as described in (b) above will reflect work by the Consultants up to and including the date of the termination of this Agreement. Notwithstanding the above, the County shall pay the Developer up to \$260,000 for documented fees and expenses for Project/Bond Counsel (up to \$100,000), Investment Banker/Placement Agent (up to \$140,000), and the Developer's legal fees (up to \$20,000) if the Developer causes a loan to close on QZAB funds prior to the termination of this Agreement. Furthermore, the County represents and warrants that it has sufficient funds available and appropriated for the purpose of making the payment set forth above if such payment becomes necessary. This Section 3.01 shall survive termination of this Agreement.

**Section 3.02 Developer, Architect and Consultant Independent.** The Developer is an independent contractor and that the School Parties shall be neither liable nor obligated to pay Developer, Architect, or any Consultant sick leave, vacation pay or any other benefit of employment, nor to pay any social security or other tax which may arise as an incident of employment. The Developer shall pay all income and other taxes due.

**Section 3.03 Assignment of Work Product.** Upon payment of the purchase price for the Work Product, the Developer and the Consultants shall assign all of their respective right, title and interest in and to the Work Product and deliver originals of the Work Product to School Board. The Developer shall be responsible for obtaining the consent of each Consultant to the transfer of all ownership and intellectual property rights in and to such Consultant's Work Product to the School Board. The Developer shall assign its rights under its contract with the Architect to the School Board, but the School Board shall not be required to use the Architect to complete the design and construction of the School.

**Section 3.04 Relating to Warranties on Work Product.** The School Parties acknowledge that the preparation of any Work Product, including the Architectural Plans, is a process and that Work Product may be in various stages of completion at the time the School Parties' obligation to purchase the Work Product arises. Accordingly, if this Agreement is terminated before the completion of the Work Product under subsections (ii) or (iii) of Section 4.01, Developer expressly disclaims any representations or warranties regarding the Work Product, and the School Parties shall accept such Work Product as is at the time of such termination. In addition, the School Parties acknowledge that the Developer is relying upon this Agreement and the School Parties's obligations hereunder in entering into contracts and other arrangements with the Architect and the Consultants.

**Section 3.05 Severability Provision.** The School Parties' obligations under Section 3.01 shall be independent of the other provisions of this Agreement, and shall not be affected if the remainder of this Agreement shall be held to be invalid or unenforceable for any reason, unless the Developer is in breach of this Agreement or the Agreement is held to be invalid or unenforceable due to the actions or inactions of the Developer, Architect or Consultants. The parties acknowledge that the rights of the Developer to receive the compensation described in Section 3.01 hereof may be pledged as collateral for a loan or other obligation of the Developer. The School Parties consent to such pledge, and agree that this Agreement may be enforced by the pledgee upon the default under such loan or other secured obligation by the Developer, unless the Developer is in breach of this Agreement. The School Parties shall not be required to accept performance of the Developer's obligations by the pledgee or its designee.

**Section 3.06 Provisions Relating to Piper Jaffray & Co.** The School Parties hereby appoint Piper Jaffray & Co. as the underwriter or placement agent for any municipal financing that may be used in connection with the construction of the School. This appointment is not a definitive agreement to underwrite or place bonds, but is subject to the satisfactory completion of due diligence by Piper Jaffray & Co., mutual agreement as to the final structure for any bonds, and the terms of a bond purchase or similar agreement between the School Parties and Piper Jaffray & Co. and the School Parties' approval of customary terms related thereto shall not be unreasonably withheld. Nothing in this Section 3.06 shall be construed to reduce or eliminate any obligations of the School Parties that are contained in Section 3.01 hereof. As an underwriter or placement agent, Piper Jaffray & Co. may provide advice concerning the structure, timing, terms, and other similar matters concerning municipal securities. Attached to this Agreement as Exhibit D are regulatory disclosures required by the Securities and Exchange Commission and the Municipal Securities Rulemaking Board to be made by Piper Jaffray & Co. at this time because of this appointment and by executing this Agreement, the School Parties acknowledge receipt of these disclosures.

#### **ARTICLE IV** **Termination**

**Section 4.01 Termination of Agreement.** This Agreement shall automatically terminate upon the earliest of the date of the occurrence of one of the following events: (i) the execution of the Lease Agreement by the School Board and the Developer; (ii) the delivery by the School Board of notice to the Developer that it does not believe that the completion of negotiation of the Lease Agreement is likely to occur; or (iii) the 45<sup>th</sup> day following the Developer's delivery in writing of the

final project plan for the School setting out proposed rental rates, construction costs and operating costs for the School, if a Lease Agreement is not executed on or before such date.

**Section 4.02 Termination for Cause.** Either Party may terminate this Agreement for the material breach of any provision by the other party if such material breach remains uncured for fifteen (15) days after receipt of written notice of such breach. Such termination right shall be in addition to any other rights and remedies that may be available to the non-breaching party.

**Section 4.03 Due Diligence Termination.** The parties agree that the School Parties shall have 30 days from the date of this Agreement to review other options for the design, construction and financing of the School. In the event that during this period the School Parties choose to terminate this Agreement in order to pursue other options for the design, construction or financing of the school, the School Parties may terminate this Agreement with seven (7) days written notice. If the Agreement is terminated pursuant to this Section 4.03, the School Parties shall only be responsible for the payment of fifty percent (50%) of any of the fees and expenses incurred by the Developer that are shown on Exhibit C as compensable expenses during the first 30 days of this Agreement. This provision shall not in any way limit compensation that may be due directly to one of the Developer's Consultants if the School Parties contract directly with a Consultant to provide services for the design or construction of the School.

## ARTICLE V

### Lease Agreement

**Section 5.01 Form of Lease.** The parties acknowledge that the Lease Agreement, if executed, will be an operating lease in accordance with generally accepted accounting principles and the laws of North Carolina, and will contain provisions under which the School Board or the County may acquire fee simple title to the School on terms consistent with reasonable business practices.

**Section 5.02 Work in Good Faith.** The parties agree to work in good faith and with due diligence to negotiate mutually acceptable terms of the Lease Agreement. The final provisions of the Lease Agreement are in all respects subject to the final approval of the Developer and the School Board.

**Section 5.03 Budget and Terms of Lease Agreement.** The Developer has provided the Board and County with a proposed project budget, which is incorporated as Exhibit E, and the estimated cost of an ultimate Lease Agreement, incorporated as Exhibits F and G. These estimates rely on certain cost-saving measures, including New Market Tax Credit allocation and significant savings generated by solar power and consolidation of school facilities. The proposed Lease Agreement shall have a payment structure that does not exceed the noted "Base Lease Payment" or the "Net Cost for New School" payments on Exhibits F and G based upon the 4.50 percent interest rate used in the model. In addition, regardless of the anticipated cost to construct the School and/or the then current interest rates, the Base Lease Payments and Net Cost for New School payments shall not exceed 10% of the amounts in Exhibits F and G.

**ARTICLE VI**  
**Miscellaneous**

**Section 6.01 Entire Agreement.** This Agreement is intended to be the entire agreement of the parties with regard to the purchase of the Work Product and may only be amended with the written consent of both parties.

**Section 6.02 Severability.** Should any of the provisions of this Agreement be found to be invalid, illegal or unenforceable by any court of competent jurisdiction, such provision shall be stricken and the remainder of this Agreement shall nonetheless remain in full force and effect unless striking such provision shall materially alter the intention of the parties.

**Section 6.03 Waiver.** No waiver of any provisions under this Agreement shall be effective unless contained in writing signed by a duly authorized officer or representative of the party to be charged with the waiver and no waiver of any right arising from any breach or to perform shall be deemed to be a waiver of any future right or of any other right arising under this Agreement.

**Section 6.04 Relationship of Parties.** Neither the Developer nor the School Parties shall be construed to be joint, general partners and agents of the other, and no party shall have the power to bind or obligate any other party except as set forth in this Agreement. The Developer shall have no right or authority, express or implied, to commit or otherwise obligate the School Parties in any manner whatsoever to pay any expense or reimburse any amount, except to the extent specifically provided herein to purchase the Work Product.

**Section 6.05 No Third Party Rights.** The provisions of this Agreement are intended solely for the benefit of, and may only be enforced by, the parties hereto and their respective successors assigns. None of the rights or obligations of the parties herein set forth (or implied) is intended to confer any claim, cause of action, remedy, defense, legal justification, indemnity, contribution claim, set-off, or other right, whatsoever upon or otherwise inure to the benefit of any contractor, Consultant, subcontractor, worker, supplier, mechanic, architect, insurer, surety, guest, member of the public, or other third parties having dealings with either of the parties hereto or involved, in any manner, in the School.

**Section 6.06 Conflict of Interest Prohibited.** It is recognized that Developer may or will be undertaking other development during the term of this Agreement on its own behalf or on behalf of other parties; notwithstanding such work; however, the Developer's performance of other development-related services shall not conflict with or interfere with the Developer's ability to perform hereunder. The Developer shall act in good faith and exercise its best efforts to avoid any conflicts of interest.

**Section 6.07 Confidentiality.** All information regarding the School and the School Parties obtained or prepared by the Developer and its employees, agents, contractors, and subcontractors (including but not limited to any Consultant) in performance of this Agreement shall be considered confidential, and the Developer shall not disclose such information to the public, the press, or any other person or entity without advance written consent of the School Board. All information regarding the Developer obtained or prepared by the School Board, and its employees, agents, contractors, and subcontractors in performance of this Agreement shall be considered confidential,

and the School Board shall not disclose such information to the public, the press, or any other person or entity without advance written consent of the Developer, except where such disclosure is required by applicable law in which case the School Board shall notify the Developer of its disclosure of such information and the legal basis therefor.

**Section 6.08 Communication.** The Developer, the Consultants, and their respective contractors, agents, employees, and subcontractors, shall communicate with the School Parties through the following designees: Jones County Manager Franky Howard.

**Section 6.09 Notices.** All notices or requests required or permitted under this Agreement shall be in writing, shall be personally delivered or sent by certified mail, return receipt requested, postage prepaid, or by email and shall be deemed given three (3) days following the date when mailed or on the date when delivered or faxed (provided the fax machine has issued a printed confirmation of receipt). All notices or requests shall be sent addressed as set forth below.

**Section 6.10 Time Is of the Essence.** Time is of the essence in this Agreement.

**Section 6.11 Governing Law and Venue.** This Agreement shall be governed by and construed in accordance with the laws of the State of North Carolina. Jones County Superior Court shall be the exclusive venue for any litigation arising out of this Agreement.

**Section 6.12. Compliance with Iran Divestment Act of 2015.** Developer certifies that as of the date of this Agreement, Developer is not listed on the Final Divestment List created by the North Carolina State Treasurer pursuant to N.C. Gen. Stat. § 147-86.58. Developer understands that it is not entitled to any payments whatsoever under this Agreement if this certification is false. The individual signing this Agreement certifies that he or she is authorized by Developer to make the foregoing statement.

**Section 6.13. Anti-Nepotism.** Developer warrants that, to the best of its knowledge and in the exercise of due diligence, none of its corporate officers, directors, or trustees and none of its employees who will directly provide services under this Agreement are immediate family members of any member of the Jones County Board of Education or of any principal or central office staff administrator employed by the Board. For purposes of this provision, "immediate family" means spouse, parent, child, brother, sister, grandparent, or grandchild, and includes step, half, and in-law relationships. Should Developer become aware of any family relationship covered by this provision or should such a family relationship arise at any time during the term of this Agreement, Developer shall immediately disclose the family relationship in writing to the Superintendent of the Schools. Unless formally waived by the Board, the existence of a family relationship covered by this Agreement is grounds for immediate termination by the Board without further financial liability to Developer.

**Section 6.14. Compliance with E-Verify.** Developer shall comply with all applicable laws and regulations in providing services under this Contract. In particular, Developer shall not employ any individuals to provide services to the School System who are not authorized by federal law to work in the United States. Developer represents and warrants that it is aware of and in compliance with the Immigration Reform and Control Act and North Carolina law (Article 2 of Chapter 64 of the North Carolina General Statutes) requiring use of the E-Verify system for employers who employ

twenty-five (25) or more employees and that it is and will remain in compliance with these laws at all times while providing services pursuant to this Contract. Developer shall also ensure that any of its subcontractors (of any tier) will remain in compliance with these laws at all times while providing subcontracted services in connection with this Contract.

**Section 6.15. Hold Harmless.** To the fullest extent allowed by law, the Developer shall indemnify and hold the School Parties harmless from and against any and all losses, liabilities, claims, lawsuits, judgments, and demands whatsoever, including costs of investigation (including reimbursement of reasonable legal fees and all costs) caused by the Developer or its agents, employees or subcontractors. The parties agree that this indemnification clause is an "evidence of indebtedness" for purpose of N. C. Gen. Stat. § 6-21.2. The School Parties shall not be responsible for any damage to the Developer=s property, business, agents or employees, unless said damage is due solely to the negligence of School Parties.

IN WITNESS WHEREOF, the parties hereto have caused this Pre-Development Agreement to be executed in their corporate names by their duly authorized officers, all as of the date first above written.



(SEAL)  
ATTEST:

  
Printed name: Michael Bracy  
Secretary

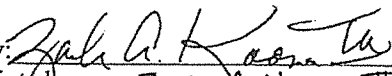
THE JONES COUNTY  
BOARD OF EDUCATION

By:   
Printed name: Billy Griffin  
Chairman

(SEAL)  
ATTEST:

  
  
Printed name: Franky J Howard  
Secretary

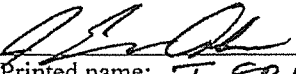
THE JONES COUNTY  
BOARD OF COMMISSIONERS

By:   
Printed name: Zack A. Koonce III  
Chairman

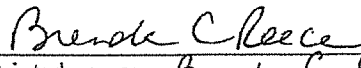
Firstfloor K-12 Solutions, LLC

By: \_\_\_\_\_  
Printed name: \_\_\_\_\_  
Manager

This instrument has been pre-audited in the manner  
required by the School Budget and Fiscal Control Act.

  
Printed name: J. ERIC ADAMS  
Finance Officer,  
The Jones County Board of Education

This instrument has been pre-audited in the manner  
required by the Local Government Budget and Fiscal Control Act.

  
Printed name: Brenda C. Reece  
Finance Officer,  
Jones County

(Pre-Development Agreement  
dated as of October 3, 2016)



**EXHIBIT A**  
**Services Providers**

Service	Provider
Project/Development Consultant	Firstfloor
Project/Bond Legal Counsel	Brent Jeffcoat
Developer/Tax Credit Legal Counsel	Blanco Tackabery
Renewable Energy Legal Counsel	Blanco Tackabery
Tax Credit & Accounting Consultant	To Be Determined
Commercial Bank	BB&T
Commissioning Agent	To Be Determined
Investment Banking Team	Piper Jaffray & Co.
Architecture and Engineering	To Be Determined
Traffic Analysis	To Be Determined
Soils Borings and Phase 1 Environmental analysis	To Be Determined
Surveying	To Be Determined

**EXHIBIT B**  
**Management Plan**

School Board and County Commissioners approve pre-development agreement	August 2016
Site Selection	Sept. 2016
Surveying and Testing	Sept. - Oct. 2016
Programming	Sept. - Oct. 2016
Schematic Design	Oct. 2016
Preliminary Meeting with the LGC	Oct. 2016
Submit QZAB Application	Oct. 2016
Design Development	Nov. - Dec. 2016
Obtain NMTC Award	Nov. - Dec. 2016
Close QZABs	Dec. 2016
Construction Documents	Jan. - March 2017
Agency Approvals	March - April 2017
Final Documents	May 2017
Bidding	June 2017
Final LGC Approval	June 2017
Close Debt Financing/Sign Lease	June 2017
Start Construction	July 2017
Construction Complete	June 2019
Commissioning	June 2019
FF&E/Technology Installation	July 2019

# first floor

K12 SOLUTIONS

## EXHIBIT C Estimated Pre-Development Costs

	Costs	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
A&E Fee	\$1,856,250	206,250	206,250	206,250	206,250	206,250	206,250	206,250	206,250	206,250				\$1,856,250
Legal (FF Corp. Counsel)	\$40,000													\$40,000
Accounting/Bookkeeping	\$15,000	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,664				\$15,000
Developer Overhead	\$250,000	100,000	18,750	18,750	18,750	18,750	18,750	18,750	18,750	18,750				\$250,000
Bond Counsel	\$200,000													\$200,000
Phase 1	\$7,500	7,500												\$7,500
Environmental Commissioning	\$30,000	3,333	3,333	3,333	3,333	3,333	3,333	3,333	3,333	3,336				\$30,000
Soil Borings	\$30,000	30,000												\$30,000
Survey	\$15,000	15,000												\$15,000
Investment Bankers	\$300,000													\$300,000
Misc.	\$10,000	1,111	1,111	1,111	1,111	1,111	1,111	1,111	1,111	1,112				\$10,000
Interest Expense	\$104,540	3,479	4,494	5,514	6,537	7,565	8,598	9,635	10,676	11,934	11,985	12,036	12,087	\$104,540
Total Soft Costs	\$2,856,290	\$368,340	\$235,605	\$236,625	\$237,648	\$238,676	\$239,709	\$240,746	\$241,787	\$243,046	\$11,985	\$12,036	\$12,087	\$2,856,290
Total			\$603,945	\$840,570	\$1,078,218	\$1,316,894	\$1,556,603	\$1,797,349	\$2,039,136	\$2,282,182	\$2,294,167	\$2,306,203	\$2,318,290	
Accumulated Costs														

Notes: The fees listed on Exhibit C above are the pre-development fees only, and do not include the full A&E and development fees associated with this project.

Below is the election by the county/school district to pay as you go for the pre-development costs or have Firstfloor incur these expenses including the interest associated with financing the activities on Exhibit C.

Option A - The county/school district elects to pay as you go and make monthly payments as outlined above on Exhibit C and will therefore eliminate the "interest expense" on Exhibit C costs, if the payments are made by the 5th of each month, and in the amounts as outlined above.

Option B - The county/school district elects to have Firstfloor incur all the expenses in Exhibit C, by financing them, and agrees that Firstfloor will be reimbursed for these costs, including interest, either by the county/school district or at the financial closing for the project.

**EXHIBIT D****Disclosures of the Underwriter**

The following are certain disclosures relating to the potential issuance of municipal bonds and are required to be made by the Municipal Securities Rulemaking Board (MSRB) Rule G-17 as set forth in MSRB Notice 2012-25 (May 7, 2012)<sup>1</sup>.

**I. Disclosures Concerning the Underwriters' Role:**

(i) MSRB Rule G-17 requires an underwriter to deal fairly at all times with both municipal issuers and investors.

(ii) The underwriters' primary role is to purchase municipal securities with a view to distribution in an arm's-length commercial transaction with the School District. The underwriters have financial and other interests that differ from those of the School District.

(iii) Unlike a municipal advisor, the underwriters do not have a fiduciary duty to the School District under the federal securities laws and are, therefore, not required by federal law to act in the best interests of the School District without regard to their own financial or other interests.

(iv) The underwriters have a duty to purchase any municipal securities from the School District at a fair and reasonable price, but must balance that duty with their duty to sell the securities to investors at prices that are fair and reasonable.

(v) The underwriters will review the official statement for the municipal securities in accordance with, and as part of, their respective responsibilities to investors under the federal securities laws, as applied to the facts and circumstances of this transaction<sup>2</sup>.

**II. Disclosures Concerning the Underwriters' Compensation:**

The underwriters will be compensated by a fee and/or an underwriting discount that will be set forth in the bond purchase agreement to be negotiated and entered into in connection with the issuance of any municipal securities. Payment or receipt of the underwriting fee or discount will be contingent on the closing of the transaction and the amount of the fee or discount may be based, in whole or in part, on a percentage of the principal amount of the municipal securities. While this form of compensation is customary in the municipal securities market, it presents a conflict of interest since the underwriters may have an incentive to recommend to the School District a transaction that is unnecessary or to recommend that the size of the transaction be larger than is necessary.

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<sup>1</sup> Interpretive Notice Concerning the Application of MSRB Rule G-17 to Underwriters of Municipal Securities (effective August 2, 2012).

<sup>2</sup> Under federal securities law, an issuer of securities has the primary responsibility for disclosure to investors. The review of the official statement by the underwriters is solely for purposes of satisfying the underwriters' obligations under the federal securities laws and such review should not be construed by an issuer as a guarantee of the accuracy or completeness of the information in the official statement.


		<b>Jones County K-12 Schools</b> Lease - 124,000 SF - School With Auxiliary Gym & Stage Area	
	UNITS	COST/UNIT	COST
Surveying/borings			\$30,000
Special Inspections/Testing			\$135,000
Other Testing			\$0
Construction Commissioning			\$160,000
Land	0	\$ -	\$0
<b>Construction Cost</b>			
Basic Bldg	108,100	\$ 220	\$ 23,782,000.00
New Admin building	-	\$ -	-
Stage Area off Gym	2,000	\$ 220	\$ 440,000.00
Library		\$ 220	-
Auxiliary Gym	13,900	\$ 220	\$ 3,058,000.00
Fields/stadium		\$ -	-
Inflation	124,000	\$ 10	\$ 1,240,000.00
Furniture and Equipment		\$ -	-
Technology	124,000	\$ 14.00	\$ 1,736,000.00
FF&E	27,280,000	6.00%	\$ 1,636,800.00
		\$ -	-
		\$ -	-
<b>Total Construction Cost</b>		\$	<b>\$ 31,892,800.00</b>
			<b>\$31,892,800</b>
<b>Soft Costs</b>	\$ 31,892,800.00	14.000000%	\$ 4,464,992.00
			\$ 4,464,992.00
			\$ 4,464,992.00
Contingency-5%			\$1,594,640
<b>TOTAL ESTIMATED COST</b>			<b>\$38,277,432</b>
Less: Cash in the Transaction			(\$15,400,000)
Less: NMTC Net Allocation			(\$4,000,000)
Plus: Cost of Issuance			\$538,774
** Budget does not include instructional materials		<b>Total Amount Financed</b>	<b>\$19,416,206</b>

EXHIBIT E



**Jones County School System**  
**P3 Lease - 30 Year Lease - 124,000 SF - School With Auxiliary Gym (13,900 SF), and Stage Area (2,000 SF)**

Initiation Factor		+	+	3.00%	3.00%	3.00%	2.00%	2.00%	2.00%	3.00%	3.00%	5.00%	3.00%	Sum	0.00%
YR	FYE	Base Lease Payment Including O&M for HVAC & PV for New School	Electric Cost on New School	Energy Savings from Closing Old Schools	Maintenance & Renovation Savings on Existing Schools	Net Staff Savings for Closing Schools & Consolidation	Additional Staff Savings if \$8.544 is Passed	Natural Gas, Propane, Water & Sewer Savings	Suggested Planned Capital Expenditures over 5 Years	Property Casualty Insurance Premium Savings	Total Savings	Sales Tax Redistribution Compromise - HR 97	Net Cost for New School		
1	6/30/2017	244,585	0	-	-	-	-	-	-	-	-	-	244,585		
2	6/30/2018	710,764	0	-	-	-	-	-	-	-	-	-	710,764		
3	6/30/2019	1,248,043	0	218,135	47,761	252,500	-	35,350	163,000	50,000	786,746	250,000	211,297		
4	6/30/2020	1,264,041	0	245,279	49,194	257,550	-	36,411	171,150	51,500	811,083	250,000	202,958		
5	6/30/2021	1,296,039	0	251,637	50,669	262,701	-	37,503	179,708	53,045	836,263	250,000	210,046		
6	6/30/2022	1,298,119	0	260,216	52,190	267,955	-	38,628	188,693	54,636	862,318	250,000	185,801		
7	6/30/2023	1,299,967	0	258,023	53,755	273,314	-	39,787	198,128	56,275	889,282	250,000	160,685		
8	6/30/2024	1,313,774	0	276,063	55,368	278,780	-	40,981	208,034	57,964	917,190	250,000	146,583		
9	6/30/2025	1,327,739	0	284,345	57,029	284,356	-	42,210	218,436	59,703	946,079	250,000	131,660		
10	6/30/2026	1,441,864	0	292,876	58,740	290,043	-	43,477	229,357	61,494	975,986	250,000	215,878		
11	6/30/2027	1,457,153	0	301,662	60,502	295,844	-	44,781	240,825	63,339	1,005,953	250,000	200,201		
12	6/30/2028	1,472,617	0	310,712	62,317	301,761	-	46,124	252,866	65,239	1,039,019	250,000	183,598		
13	6/30/2029	1,488,258	0	320,033	64,197	307,796	-	47,508	265,510	67,196	1,072,230	250,000	166,029		
14	6/30/2030	1,504,079	0	329,694	66,112	313,952	-	48,933	278,785	69,212	1,106,629	250,000	147,451		
15	6/30/2031	1,520,093	0	339,523	68,096	320,231	-	50,401	292,725	71,288	1,142,264	250,000	127,819		
16	6/30/2032	1,536,270	0	349,709	70,138	326,636	-	51,913	307,361	73,427	1,179,184	250,000	107,086		
17	6/30/2033	1,552,645	0	360,200	72,243	333,168	-	53,471	322,729	75,679	1,217,440	250,000	85,205		
18	6/30/2034	1,569,209	0	371,006	74,410	339,832	-	55,075	338,955	77,898	1,257,086	250,000	62,123		
19	6/30/2035	1,585,985	0	382,136	76,642	346,628	-	56,727	355,809	80,235	1,298,178	250,000	37,788		
20	6/30/2036	1,602,916	0	393,600	78,941	353,561	-	58,429	373,599	82,642	1,340,773	250,000	12,143		
21	6/30/2037	1,620,064	0	405,408	81,310	360,632	-	60,182	392,279	85,112	1,384,933	250,000	(14,868)		
22	6/30/2038	1,637,412	0	417,571	83,749	367,845	-	61,987	411,893	87,675	1,430,720	250,000	(43,308)		
23	6/30/2039	1,654,963	0	430,098	86,261	375,202	-	63,847	432,488	90,306	1,478,201	250,000	(73,238)		
24	6/30/2040	1,672,719	0	443,001	88,849	382,706	-	65,762	454,112	93,015	1,527,445	250,000	(104,726)		
25	6/30/2041	1,690,683	0	456,291	91,515	390,360	-	67,735	476,817	95,805	1,578,523	250,000	(137,840)		
26	6/30/2042	1,708,855	0	469,980	94,280	398,167	-	69,767	500,658	98,679	1,631,512	250,000	(172,654)		
27	6/30/2043	1,727,247	0	484,079	97,088	406,130	-	71,860	525,691	101,640	1,686,489	250,000	(209,241)		
28	6/30/2044	1,745,853	0	498,601	100,001	414,253	-	74,016	551,976	104,689	1,743,536	250,000	(247,683)		
29	6/30/2045	1,764,679	0	513,559	103,091	422,538	-	76,236	579,575	107,830	1,802,739	250,000	(288,060)		
30	6/30/2046	1,783,728	0	528,966	106,091	430,983	-	78,524	608,553	111,064	1,864,187	250,000	(330,459)		
31	6/30/2047	1,803,002	0	544,835	109,273	439,609	-	80,879	638,981	114,386	1,927,974	250,000	(374,971)		
32	6/30/2048	1,822,506	0	561,180	112,552	448,401	-	83,306	670,930	117,828	1,994,197	250,000	(421,690)		
33	6/30/2049	0	0	578,016	115,928	457,369	-	85,805	704,477	121,363	2,062,957	250,000	(2,312,957)		
34	6/30/2050	0	0	595,356	119,406	466,516	-	88,379	739,700	125,004	2,134,362	250,000	(2,384,362)		
35	6/30/2051	0	0	612,217	122,968	475,846	-	91,030	776,685	128,754	2,208,521	250,000	(2,458,521)		
36	6/30/2052	0	0	631,613	126,678	485,363	-	93,761	815,520	132,617	2,285,552	250,000	(2,535,552)		
37	6/30/2053	0	0	650,561	130,478	495,071	-	96,574	856,296	136,595	2,365,576	250,000	(2,615,576)		
38	6/30/2054	0	0	670,073	134,392	504,972	-	99,471	894,111	140,693	2,448,718	250,000	(2,698,718)		
39	6/30/2055	0	0	690,181	138,424	515,072	-	102,455	944,066	144,914	2,535,112	250,000	(2,785,112)		
40	6/30/2056	0	0	710,886	142,577	525,373	-	105,529	991,269	149,261	2,624,896	250,000	(2,874,896)		
41	6/30/2057	0	0	732,213	146,854	535,880	-	108,695	1,040,833	153,739	2,718,215	250,000	(2,968,215)		
42	6/30/2058	0	0	754,179	151,260	546,598	-	111,956	1,092,874	158,351	2,815,219	250,000	(3,065,219)		
Totals		\$ 47,366,118	\$ -	\$ 17,955,661	\$ 3,601,229	\$ 15,151,501	\$ -	\$ 2,665,468	\$ 19,690,363	\$ 3,770,063	\$ 62,934,285	\$ 10,000,000	\$ (25,568,168)		

Notes: Lease includes O&M Contract for HVAC and PV System. However, O&M Contract for HVAC does not include replacement parts and labor for major components. School District is to pay capitalized interest until occupancy.

EXHIBIT F

first floor

**Jones County School System**  
**P3 Lease - 40 Year Lease - 124,000 SF - School With Auxiliary Gym (13,900 SF), and Stage Area (2,000 SF)**

Yr	FYE	Inflation Factor	Base Lease Payment Including O&M for HVAC & PV for New School	Electric Cost on New School	Energy Savings from Closing Old Schools	Malpractice & Renovation Savings on Existing Schools	Annual Net Staff Savings for Closing Schools & Consolidation	Additional Staff Savings if \$9,944 is Passed	Natural Gas, Propane, Water & Sewer Savings	Suggested Planned Capital Expenditures over 5 Years	Property Casualty Insurance Premium Savings	Sum	Sales Tax Redistribution Compromise - HR 87	Net Cost for New School
1	6/30/2017		244,585	0	-	-	-	-	-	-	-	-	-	244,585
2	6/30/2018		710,764	0	-	-	-	-	-	-	-	-	-	710,764
3	6/30/2019		1,111,190	0	238,135	47,761	252,500	-	35,350	163,000	50,000	786,746	250,000	74,444
4	6/30/2020		1,127,188	0	245,279	49,194	257,550	-	36,411	171,150	51,500	811,083	250,000	66,104
5	6/30/2021		1,159,455	0	252,837	50,669	262,701	-	37,503	179,708	53,045	836,263	250,000	73,193
6	6/30/2022		1,161,266	0	260,216	52,190	267,955	-	38,628	188,693	54,636	862,318	250,000	48,948
7	6/30/2023		1,163,114	0	268,023	53,755	273,314	-	39,787	198,128	56,275	889,282	250,000	73,832
8	6/30/2024		1,175,552	0	276,063	55,368	278,780	-	40,981	208,034	57,964	917,190	250,000	8,362
9	6/30/2025		1,188,135	0	284,345	57,029	284,356	-	42,210	218,436	59,703	946,079	250,000	(7,944)
10	6/30/2026		1,300,865	0	292,876	58,740	290,043	-	43,477	229,357	61,494	975,986	250,000	74,878
11	6/30/2027		1,314,743	0	301,662	60,502	295,844	-	44,781	240,825	63,239	1,006,953	250,000	57,791
12	6/30/2028		1,328,783	0	310,712	62,317	301,761	-	46,124	252,666	65,239	1,039,019	250,000	39,764
13	6/30/2029		1,342,986	0	320,033	64,187	307,796	-	47,508	265,510	67,195	1,072,230	250,000	20,756
14	6/30/2030		1,357,354	0	329,634	66,112	313,952	-	48,933	278,785	69,212	1,106,639	250,000	726
15	6/30/2031		1,371,890	0	339,523	68,096	320,231	-	50,401	292,725	71,288	1,142,264	250,000	(20,373)
16	6/30/2032		1,386,596	0	349,709	70,138	326,636	-	51,913	307,361	73,427	1,179,384	250,000	(42,588)
17	6/30/2033		1,401,474	0	360,200	72,243	333,168	-	53,471	322,729	75,629	1,217,440	250,000	(90,560)
18	6/30/2034		1,416,627	0	371,006	74,410	339,832	-	55,075	338,865	77,938	1,257,086	250,000	(116,422)
19	6/30/2035		1,431,755	0	382,136	76,642	346,628	-	56,727	355,809	80,235	1,298,178	250,000	(143,608)
20	6/30/2036		1,447,165	0	393,600	78,941	353,561	-	58,429	374,599	82,642	1,344,933	250,000	(172,178)
21	6/30/2037		1,462,755	0	405,408	81,310	360,632	-	60,182	392,279	85,122	1,394,933	250,000	(202,190)
22	6/30/2038		1,478,530	0	417,571	83,749	367,845	-	61,987	411,893	87,975	1,450,720	250,000	(233,709)
23	6/30/2039		1,494,492	0	430,099	86,261	375,202	-	63,847	432,488	90,306	1,478,201	250,000	(266,802)
24	6/30/2040		1,510,643	0	443,001	88,849	382,706	-	65,762	454,112	93,015	1,527,445	250,000	(301,537)
25	6/30/2041		1,526,986	0	456,291	91,515	390,360	-	67,735	476,817	95,005	1,578,523	250,000	(337,987)
26	6/30/2042		1,543,525	0	469,980	94,160	398,167	-	69,767	500,658	98,679	1,631,512	250,000	(376,128)
27	6/30/2043		1,560,280	0	484,079	97,028	406,130	-	71,860	525,691	101,640	1,686,489	250,000	(416,339)
28	6/30/2044		1,577,195	0	498,601	100,001	414,253	-	74,016	551,976	104,689	1,743,556	250,000	(458,403)
29	6/30/2045		1,594,336	0	513,599	103,001	422,538	-	76,236	579,575	107,830	1,802,719	250,000	(502,506)
30	6/30/2046		1,611,681	0	518,965	106,091	430,989	-	78,524	608,553	111,064	1,864,187	250,000	(548,738)
31	6/30/2047		1,629,235	0	544,835	109,173	439,609	-	80,879	638,981	114,396	1,927,974	250,000	(597,195)
32	6/30/2048		1,647,002	0	561,180	112,552	448,401	-	83,305	670,930	117,828	1,994,197	250,000	(647,974)
33	6/30/2049		1,664,983	0	578,016	115,928	457,169	-	85,806	704,477	121,363	2,062,857	250,000	(701,179)
34	6/30/2050		1,683,182	0	595,356	119,406	466,516	-	88,379	738,700	125,004	2,134,362	250,000	(756,918)
35	6/30/2051		1,701,603	0	613,217	122,988	475,466	-	91,930	776,685	128,754	2,208,521	250,000	(815,304)
36	6/30/2052		1,720,249	0	631,611	126,678	485,363	-	95,761	815,520	132,617	2,285,552	250,000	(876,454)
37	6/30/2053		1,739,122	0	650,562	130,478	495,071	-	96,574	856,236	136,595	2,365,576	250,000	(940,492)
38	6/30/2054		1,758,226	0	670,078	134,392	504,972	-	99,471	899,111	140,683	2,448,718	250,000	(1,007,548)
39	6/30/2055		1,777,554	0	690,181	138,424	515,072	-	102,455	944,056	144,914	2,535,112	250,000	(1,077,755)
40	6/30/2056		1,797,141	0	710,886	142,577	525,373	-	105,529	991,269	149,261	2,624,896	250,000	(1,151,256)
41	6/30/2057		1,816,959	0	732,213	146,854	535,800	-	108,695	1,040,874	153,739	2,718,215	250,000	(1,228,197)
42	6/30/2058		1,837,022	0	754,179	151,260	546,598	-	111,956	1,092,874	158,351	2,815,219	250,000	(1,260,004)
Totals			\$ 60,274,081	\$ -	\$ 17,955,461	\$ 3,601,229	\$ 15,251,501	\$ -	\$ 2,665,468	\$ 19,808,363	\$ 3,770,063	\$ 62,934,285	\$ 10,000,000	\$ -

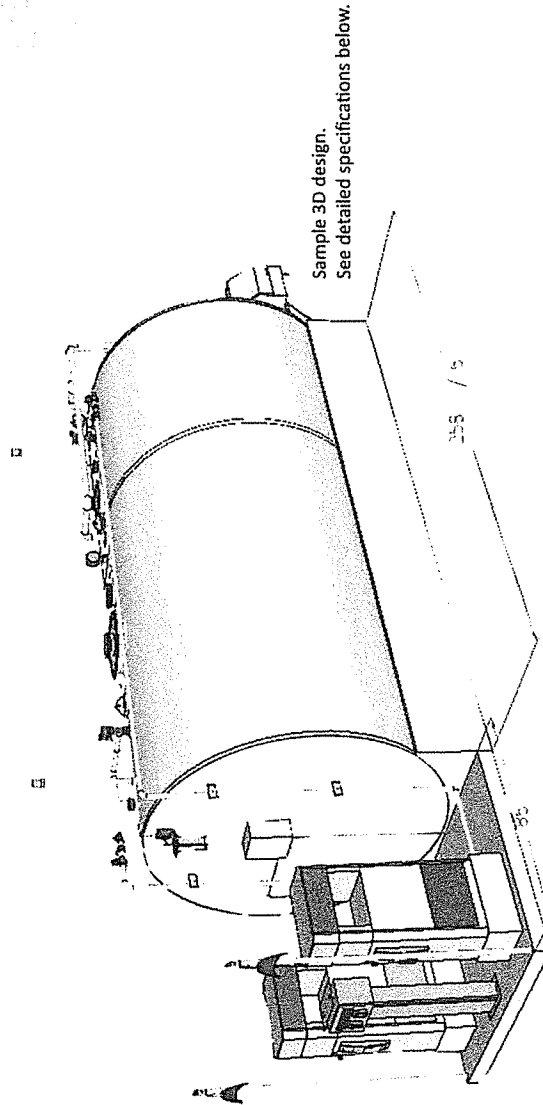
Notes: Lease includes O&M Contract for HVAC and PV System. However, O&M Contract for HVAC does not include replacement parts and labor for major components. School District is to pay capitalized interest until occupancy.

EXHIBIT G

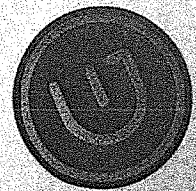
## Exhibit G

# Fuel ekostation - 12K Single Station Plug & Fuel \$99,000\*

Pre-built  
Sale



Sample 3D design.  
See detailed specifications below.



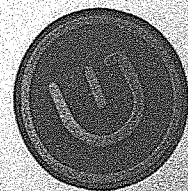
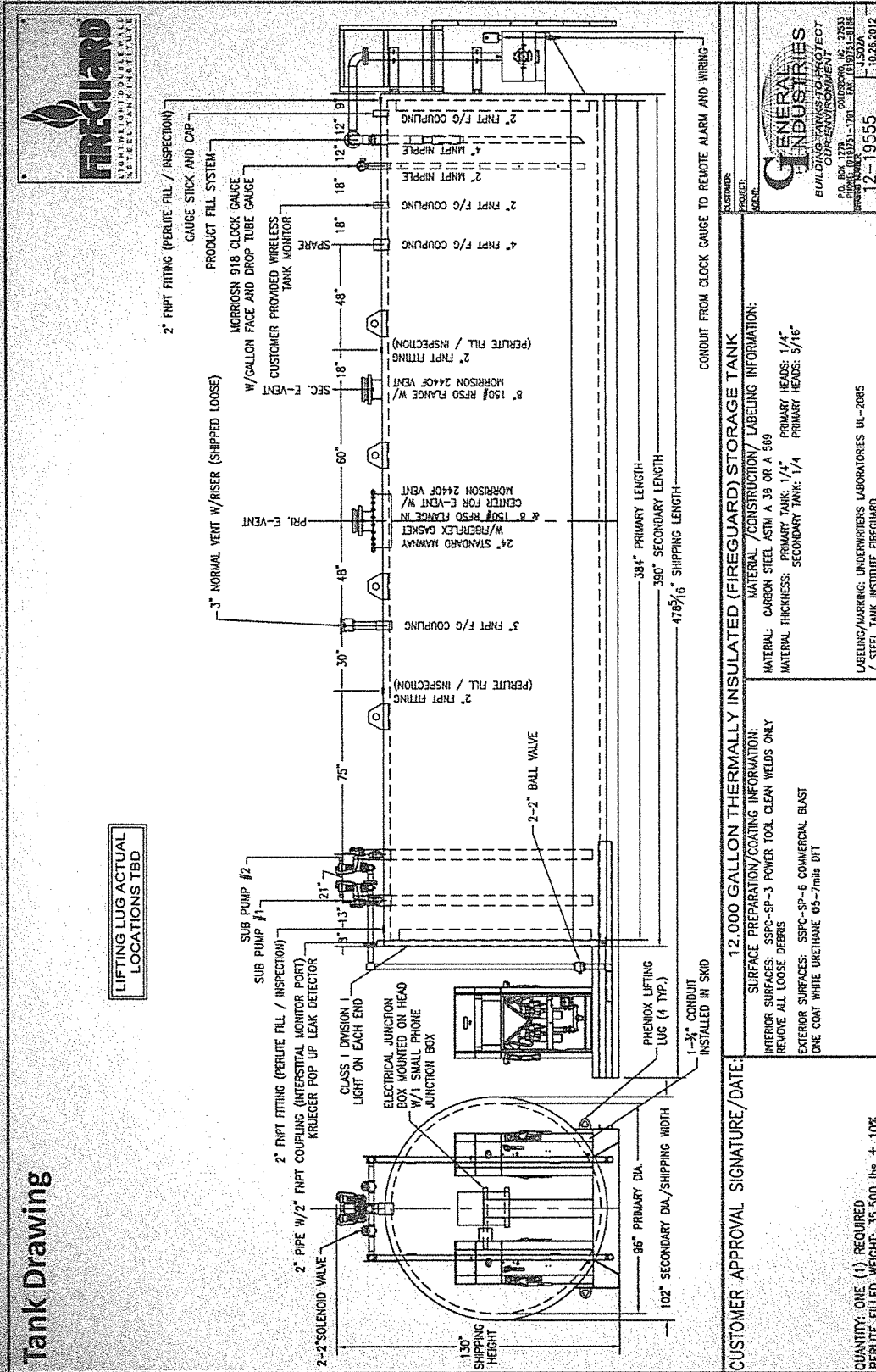
GO ENERGIES

1-877-712-5999

info@goenergies.com



# Tank Drawing

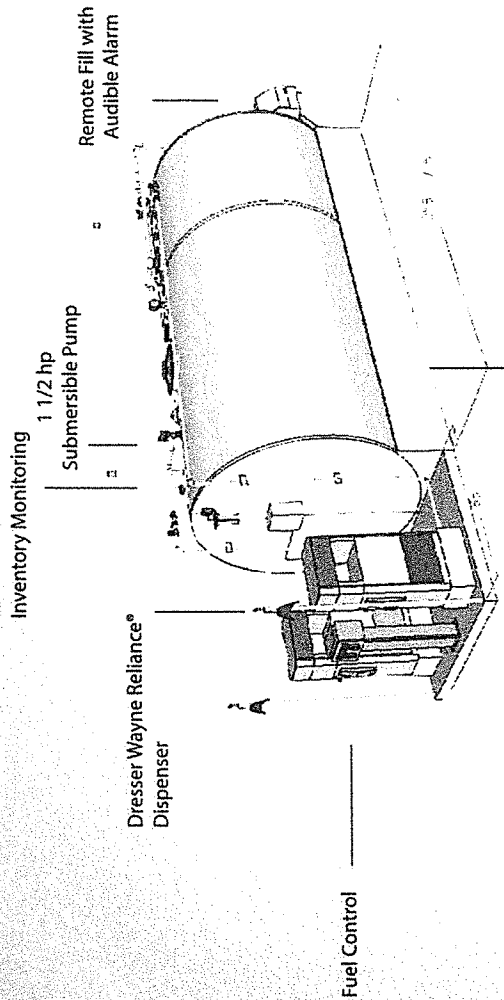


## ekostation 12K Single Station Configuration

Call us today. Only 1 Pre-built station in stock!

**1-877-712-5999**

**info@goenergies.com**



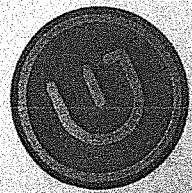
Specs	
Total Capacity:	12,000 gallons
Products:	1
Fuel Controller:	1
Dispensers:	2 single product dual hose with high hose retractor and bun
Lanes:	2
Fueling Positions:	2

### Tank Description

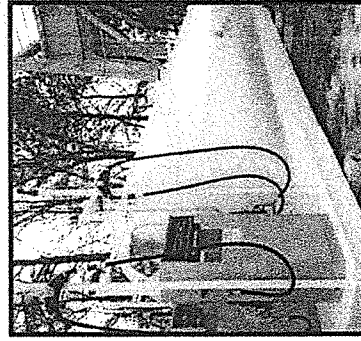
1 - 12,000 gal. Fireguard (cylindrical) with STI 30 year third party limited warranty, double wall (110%) AST, UL-142 & UL-142 & UL-2085 listed, 102" diameter x 32'-6" long, 1-24" manhole, 2-8' 150# flanges & emg. vents, 1-6" & 6-4", 2-2" npt's & 1-2" monitor pipe, 1-pump platform, integral box skid, Interior - SP-3(power tool clean) on all welds only & all loose debris removed, Exterior - SP-6 blast & 5-7 mills urethane, 2 sets warning labels & placards

### ekostation Upgrades

- Upgraded to two (2) twin hose dispensers for two (2) lane positions
- Four (4) total hoses for redundancy
- Upgraded to two (2) submersible pumps for redundancy
- Upgraded fuel control system to new Gasboy Islander Plus with wireless communication



**GO ENERGIES**



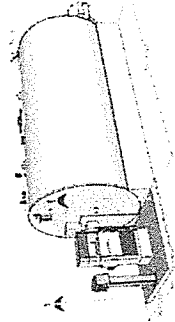
**Complete ekostation  
\$99,000\***

\*Includes shipping and installation. Ekostation requires power. Price does not include any required permits.



# STANDARD PACKAGES

All packages are quoted for Class II liquid.



Single Station

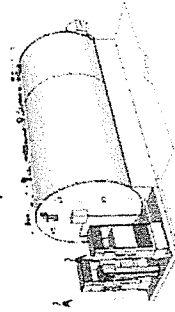
## Standard Features

- 12,000 Gallon Fireguard
- UL-142 & UL-2085
- Double Wall (110%) AST
- High Speed Wireless Connectivity
- High Hose Retractors

## Configuration

- One (1) Product
- One (1) Card Reader
- One (1) Dispenser (up to 22 gpm)
- Two (2) Hose Positions
- One (1) Light
- One (1) Ladder

**BASE PRICE \$90,000**



Dual Station

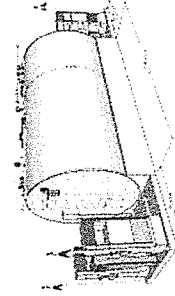
## Standard Features

- 12,000 Gallon Fireguard
- UL-142 & UL-2085
- Double Wall (110%) AST
- High Speed Wireless Connectivity
- High Hose Retractors

## Configuration

- Two (2) Products
- One (1) Card Reader
- Two (2) Dispensers (up to 22 gpm)
- Two (2) Hose Positions
- One (1) Light
- One (1) Ladder

**BASE PRICE \$117,000**



Super Station

## Standard Features

- 12,000 Gallon Fireguard
- UL-142 & UL-2085
- Double Wall (110%) AST
- High Speed Wireless Connectivity
- High Hose Retractors

## Configuration

- Two (2) Products
- Two (2) Card Readers
- Four (4) Dispensers (up to 22 gpm)
- Four (4) Hose Positions
- Two (2) Lights
- Two (2) Ladders

**BASE PRICE \$160,000**

All stations require power and include a 5Yr 30 Yr - Third Party Limited Warranty on the tank.  
Prices are provided based on standard recommended packages. Quotes are required prior to all station orders.  
Base Prices do not include installation. Prices subject to change without notice.



**CALL US TODAY AT 1-877-712-5999.**

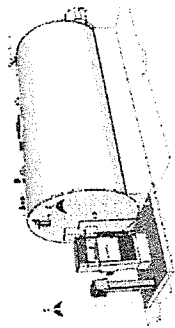
Let us help you make the right choice for your site.

Feeling your Energy Knowledge.



# PRICING OPTIONS

Custom configurations available by quote.



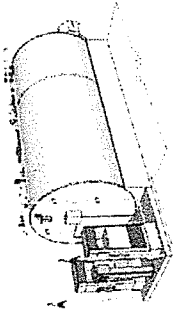
Single Station

## Upgrade Options

- Additional Pump \$2,000
- Gasoline (E10) \$2,800

## Downgrade Options

- Skid to Saddle (\$3,000)
- High Speed Wireless (\$1,500)
- One (1) Light (\$1,000)
- One (1) Ladder/Clips (\$1,500)



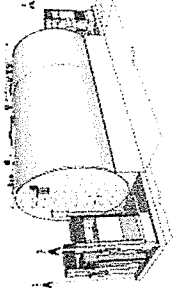
Dual Station

## Upgrade Options

- Additional Pumps (2) \$4,000
- Gasoline (E10) \$2,800
- Additional Hoses (4) \$7,000

## Downgrade Options

- Skid to Saddle (\$3,000)
- High Speed Wireless (\$1,500)
- One (1) Light (\$1,000)
- One (1) Ladder/Clips (\$1,500)



Super Station

## Upgrade Options

- Additional Pumps (2) \$4,000
- Gasoline (E10) \$2,800
- Additional Hoses (8) \$14,000

## Downgrade Options

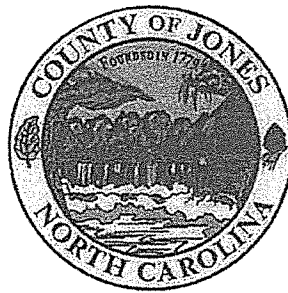
- Skid to Saddle (\$6,000)
- High Speed Wireless (2) (\$3,000)
- Two (2) Lights (\$2,000)
- Two (2) Ladder/Clips (\$3,000)

Upgrade options are available for higher volume sites and desired level of redundancy to maximize operational uptime.  
Downgrade options are available for sites with existing infrastructure.



CALL US TODAY AT 1-877-712-5999. Let us help you make the right choice for your site.

## Exhibit H



## 2017 Holiday Schedule

New Year's Day	January 2, 2017	Monday
Martin Luther King, Jr. Birthday	January 16, 2017	Monday
Good Friday	April 14, 2017	Friday
Easter Monday	April 17, 2017	Monday
Memorial Day	May 26, 2017 & May 29, 2017	Friday & Monday
Independence Day	July 4, 2017	Monday
Labor Day	September 4, 2017	Monday
Veteran's Day	November 11, 2017	Friday
Thanksgiving	November 23 & 24, 2017	Thursday & Friday
Christmas	December 25, 26, & 27, 2017	Mon, Tues, & Wed

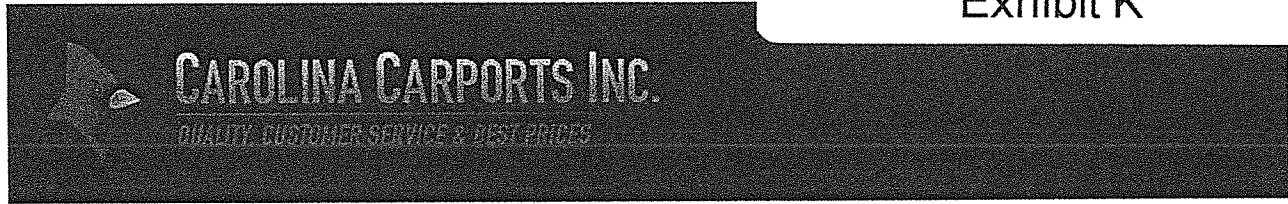
## Exhibit I

<u>SURPLUS VEHICLES</u>	<u>VIN</u>	
1995 NISSAN PICK UP TRUCK	1N6SD11S5SC363041	BEAVER PROGRAM
2005 FORD TAURUS	1FAFP53225A147976	SHRF
2004 GMC ENVOY	1GKDT13S242245294	SHRF
2003 CROWN VIC	2FAFP71W93X142182	SHRF

## Exhibit J

SOLID WASTE	
Curbside Service	\$19 Month
Curbside Service Deposit	\$50
Landfill Tipping	\$100 per ton or 5¢ per pound
	\$1.00 minimum
	\$25 Weight ticket
Electronic Recycling	\$2 per electronic bulky item such as TV's, Microwaves, Computer Monitors

## Exhibit K



## Your Carolina Carports Configuration

---

Your estimated cost:

**\$2,695** → Not to exceed \$3,500

plus applicable tax

### What's my next step?

Have someone from our sales team contact you about your configuration. We can help you find a dealer near you or search our easy to use

Dealer Locator to find one Near You!

---

Location & Certification	<ul style="list-style-type: none"> <li>• State: North Carolina (28585)</li> <li>• Certification: Uncertified 14 Gauge</li> </ul>	
Type & Style	<ul style="list-style-type: none"> <li>• Type: Standard Metal Building 12W x 21L x 8H</li> <li>• Style: Boxed Eve</li> </ul>	• \$895
Sides & Ends	<ul style="list-style-type: none"> <li>• Side Component 21L x 8H (x1)</li> <li>• Side Component 21L x 8H (x1)</li> <li>• End Component 12W x 8H (x1)</li> <li>• End Component 12W x 8H (x1)</li> </ul>	<ul style="list-style-type: none"> <li>• \$213.00</li> <li>• \$213.00</li> <li>• \$475.00</li> <li>• \$475.00</li> </ul>
Doors & Windows	<ul style="list-style-type: none"> <li>• Garage Door Component 6W x 6H (x1)</li> <li>• Walk In Door No Window Component 32" x 72" (x1)</li> </ul>	<ul style="list-style-type: none"> <li>• \$250.00</li> <li>• \$175.00</li> </ul>
Extras		
Colors	<ul style="list-style-type: none"> <li>• Roof: Evergreen</li> <li>• Side: Sand Stone</li> <li>• Trim: Evergreen</li> <li>• End: Sand Stone</li> </ul>	

---





Front



Back



Left



Right

**DISCLAIMER**

This tool is intended for "estimation" purposes only. Prices are subject to change without notice. CCI is not responsible for pricing errors. Installation is free on your "LEVEL" lot. Additional charges may apply based on site and building specifics. CCI is not responsible for permits or restrictions in your area. Please check with your local building department before quoting or purchasing a building. Colors may vary.

**Call Us Toll Free: 1-800-670-4262**

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Date: 09/27/16 at 2:25 PM

## Exhibit L

JONES COUNTY ABC BOARD  
Income Statement  
From July 1, 2015 Through June 30, 2016  
Last Seq. #: 1400

	<u>PTD Post</u>	<u>%Sales</u>	<u>YTD Post</u>	<u>%Sales</u>
===== Sales =====				
SALES				
SALES	28,101.90	44.2	303,157.85	42.8
SALES	31,027.65	48.8	340,041.65	48.0
SALES	22,927.35	36.0	271,328.50	38.3
Total SALES	82,056.90	129.0	914,528.00	129.0
Other INCOME				
Total Other INCOME	0.00	N/A	0.00	N/A
TAXES BASED ON SALES				
EXCISE TAX	-6,209.08	( 9.8)	-67,043.87	( 9.5)
EXCISE TAX	-6,863.83	( 10.8)	-75,223.59	( 10.6)
EXCISE TAX	-5,071.99	( 8.0)	-59,994.54	( 8.5)
COUNTY REHAB TAX	-98.06	( 0.2)	-1,108.33	( 0.2)
COUNTY REHAB TAX	-113.22	( 0.2)	-1,286.77	( 0.2)
COUNTY REHAB TAX	-85.98	( 0.1)	-991.75	( 0.1)
Total TAXES BASED ON SALE	-18,442.16	( 29.0)	-205,648.85	( 29.0)
Total Sales	63,614.74	100.0	708,879.15	100.0
==== Cost of Sales ====				
COST OF SALES				
COST OF SALES	14,989.60	23.6	162,664.23	22.9
COST OF SALES	16,665.84	26.2	182,628.85	25.8
COST OF SALES	12,311.43	19.4	145,688.69	20.6
INVENTORY ADJUSTMENT	17.09	0.0	-218.81	0.0
INVENTORY ADJUSTMENT	-36.72	( 0.1)	345.42	0.0
INVENTORY ADJUSTMENT	29.71	0.0	65.19	0.0
INVENTORY ADJUSTMENT	-124.91	( 0.2)	-1,457.60	( 0.2)
Total Cost of Sales	43,852.04	68.9	489,715.97	69.1
Gross Margin	19,762.70	31.1	219,163.18	30.9
===== Expenses =====				
EXPENSES				
CONTRACT LABOR	585.00	0.9	2,405.00	0.3
CONTRACT LABOR	315.00	0.5	1,365.00	0.2
SALARIES AND WAGES	1,030.34	1.6	8,623.04	1.2
SALARIES AND WAGES	3,292.17	5.2	25,256.48	3.6
SALARIES AND WAGES	2,898.85	4.6	24,947.89	3.5

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JONES COUNTY ABC BOARD  
Income Statement  
From July 1, 2015 Through June 30, 2016  
Last Seq. #: 1400

	<u>PTD Post</u>	<u>%Sales</u>	<u>YTD Post</u>	<u>%Sales</u>
SALARIES AND WAGES	1,209.63	1.9	10,554.22	1.5
SALARIES AND WAGES	4,855.65	7.6	44,714.24	6.3
7.65% BOARD SHARE SS	0.00	N/A	58.91	0.0
7.65% BOARD SHARE SS	251.84	0.4	1,932.08	0.3
7.65% BOARD SHARE SS	256.10	0.4	2,282.68	0.3
PAYROLL TAXES	58.20	0.1	477.35	0.1
7.65% BOARD SHARE SS	450.28	0.7	3,977.37	0.6
5.00% BOARD SHARE RET.	71.02	0.1	578.74	0.1
5.00% BOARD SHARE RET.	139.55	0.2	1,078.16	0.2
5.00% BOARD SHARE RET	229.99	0.4	1,721.80	0.2
5.00% BOARD SHARE RET.	316.86	0.5	2,831.55	0.4
PENSION EXPENSE	-2,976.00	( 4.7)	-2,976.00	( 0.4)
BCBS BOARD SHARE /LIFE IN	-3,049.08	( 4.8)	0.00	N/A
BCBS BOARD SHARE	1,872.08	2.9	4,833.30	0.7
BCBS BOARD SHARE	1,872.08	2.9	4,833.30	0.7
CASH OVER/SHORT	10.29	0.0	0.00	N/A
CASH OVER/SHORT	-10.29	0.0	0.00	N/A
RENT	420.00	0.7	5,000.00	0.7
DEPRECIATION	338.40	0.5	1,353.57	0.2
DEPRECIATION	357.14	0.6	571.43	0.1
DEPRECIATION	357.14	0.6	571.43	0.1
DEPRECIATION	-170.75	( 0.3)	597.55	0.1
DEPRECIATION	-1,500.09	( 2.4)	0.00	N/A
BUILDING REPAIR	0.00	N/A	307.96	0.0
BUILDING REPAIR	0.00	N/A	367.30	0.1
BUILDING REPAIR	0.00	N/A	23.77	0.0
BUILDING REPAIR	0.00	N/A	115.00	0.0
REPAIR EQUIPMENT STORE #1	0.00	N/A	1,794.04	0.3
REPAIR EQUIPMENT STORE #3	0.00	N/A	1,794.03	0.3
REPAIR EQUIPMENT STORE #4	0.00	N/A	1,794.03	0.3
REPAIR EQUIPMENT STORE #1	0.00	N/A	458.92	0.1
UTILITIES	288.99	0.5	4,181.49	0.6
UTILITIES	20.21	0.0	2,690.79	0.4
UTILITIES	271.09	0.4	3,041.39	0.4
TELEPHONE	0.00	N/A	1,299.23	0.2
TELEPHONE	0.00	N/A	832.65	0.1
TELEPHONE	0.00	N/A	751.48	0.1
TELEPHONE	0.00	N/A	956.64	0.1
INSURANCE-GENERAL	620.28	1.0	3,301.96	0.5
INSURANCE-GENERAL	620.28	1.0	3,301.97	0.5
INSURANCE-GENERAL	620.26	1.0	3,301.94	0.5
INSURANCE-GENERAL	206.75	0.3	1,100.62	0.2
STORE SUPPLIES	-385.72	( 0.6)	0.00	N/A
STORE SUPPLIES	351.14	0.6	633.75	0.1

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Date: 09/27/16 at 2:25 PM

JONES COUNTY ABC BOARD  
Income Statement  
From July 1, 2015 Through June 30, 2016  
Last Seq. #: 1400

	<u>PTD Post</u>	<u>%Sales</u>	<u>YTD Post</u>	<u>%Sales</u>
STORE SUPPLIES	351.17	0.6	633.80	0.1
STORE SUPPLIES	351.17	0.6	633.80	0.1
STORE SUPPLIES	0.00	N/A	46.70	0.0
DELIVERY EXPENSES	119.75	0.2	999.63	0.1
OFFICE SUPPLIES	0.00	N/A	79.98	0.0
OFFICE SUPPLIES	0.00	N/A	80.00	0.0
OFFICE SUPPLIES	0.00	N/A	79.98	0.0
OFFICE SUPPLIES	0.00	N/A	99.98	0.0
OFFICE SUPPLIES	359.16	0.6	896.85	0.1
POSTAGE	37.67	0.1	186.02	0.0
POSTAGE	37.67	0.1	186.03	0.0
POSTAGE	37.66	0.1	186.01	0.0
PROFESSIONAL SERVICES	13.80	0.0	778.80	0.1
PROFESSIONAL SERVICES	13.80	0.0	778.80	0.1
PROFESSIONAL SERVICES	13.80	0.0	778.80	0.1
PROFESSIONAL SERVICES	4.60	0.0	259.60	0.0
DUES AND SUBSCRIPTIONS	-117.00	( 0.2)	0.00	N/A
DUES AND SUBSCRIPTIONS	117.00	0.2	117.00	0.0
BOARD EXPENSE	-2,009.92	( 3.2)	0.00	N/A
BOARD EXPENSE	2,175.68	3.4	2,277.68	0.3
ALARM SERVICE	0.00	N/A	185.00	0.0
ALARM SERVICE	0.00	N/A	185.00	0.0
ALARM SERVICE	0.00	N/A	185.00	0.0
VEHICLE EXPENSE	0.00	N/A	83.14	0.0
VEHICLE EXPENSE	0.00	N/A	896.75	0.1
BANK CHARGES	-11,650.14	( 18.3)	0.00	N/A
BANK CHARGES	13,193.23	20.7	13,193.23	1.9
MISCELLANEOUS EXPENSE	0.00	N/A	65.00	0.0
MISCELLANEOUS EXPENSE	0.00	N/A	17.00	0.0
 Total Expenses	 19,143.78	 30.1	 203,547.63	 28.7
 Net Income After Taxes	 618.92	 1.0	 15,615.55	 2.2

## Exhibit M

JONES COUNTY  
AMBULANCE SERVICE PROVIDER  
FRANCHISE ORDINANCE

BE IT ORDAINED, by the JONES COUNTY BOARD OF COMMISSIONERS, as follows:

**ARTICLE 1**  
**Purpose.**

In the public interest and for the promotion of the public health, safety, welfare and convenience and pursuant to statutory authority contained in North Carolina General Statutes §153A-250 and other applicable laws, the following rules are adopted, which set forth the conditions, limitations, restrictions, and requirements under which a person may provide ambulance services or operate an ambulance in Jones County.

**ARTICLE 2**  
**Definitions.**

Unless the context otherwise requires, the following definitions shall apply in the interpretation and enforcement of this Ordinance.

- (a) *Ambulance.* The term "ambulance" means any privately or publicly owned motor vehicle, aircraft, or vessel that is specially designed, constructed, or modified and equipped and is intended to be used for and is maintained or operated for the transportation on the streets or highways, waterways or airways of this state of persons who are sick, injured, wounded or otherwise incapacitated or helpless.
- (b) *Ambulance provider.* The term "ambulance provider" means an individual, firm, corporation or association who engages or professes to engage in the business or service of transporting patients in an ambulance.
- (c) *Approved.* The term "approved" shall mean approved by the North Carolina Medical Care Commission pursuant to the rules and regulations promulgated under North Carolina General Statutes, section 143B-165.
- (d) *Council.* The term "council" shall mean the Jones County Emergency Medical Services Advisory Council.
- (e) *County.* The term "County" shall mean the Jones County, acting through its duly elected Board of Commissioners or its designated representative.
- (f) *Emergency and Emergency Transportation Service.* The terms "emergency" and "emergency transportation service" shall mean the use of an ambulance, its equipment and personnel to provide medical care and transportation of a patient who is in need of immediate

medical treatment in order to prevent loss of life or further aggravation or physiological or psychological illness or injury.

(g) *Emergency Medical Technician (EMT)*. The term "emergency medical technician" means an individual who has completed a training program in emergency medical care at least equal to the national standard training program for emergency medical technicians as defined by the United States Department of Transportation and has been certified as an emergency medical technician by the North Carolina Office of Emergency Medical Services.

(h) *Franchise*. The term "franchise" shall mean a non-exclusive permit issued by the County to a person or an organization for the operation of an ambulance service.

(i) *Franchisee*. The term "franchisee" shall mean any person or organization having been issued a franchise by the County for the operation of an ambulance service.

(j) *License*. The term "license" shall mean any driver's license or permit to operate a motor vehicle issued under or granted by the laws of the State of North Carolina.

(k) *Non-emergency transportation service*. The term "non-emergency transportation service" shall mean the operation of an ambulance for any purpose other than transporting emergency patients.

(l) *Operator*. The term "operator" shall mean a person in actual physical control of an ambulance which is in motion or which has the engine running.

(m) *Owner*. The term "owner" shall mean any person or entity who owns an ambulance.

(n) *Patient*. The term "patient" means an individual who is sick, injured, wounded, or otherwise incapacitated or helpless such that the need for some medical assistance might be anticipated while being transported to or from a medical facility.

(o) *Person*. The term "person" shall mean any individual, firm, partnership, association, corporation, company, group of individuals acting together for a common purpose, or organization of any kind, including any governmental agency other than the United States.

(p) *Rescue*. The term "rescue" shall mean situations where the victim cannot escape an area through normal exit or under his own power.

(q) *Secondary ambulance provider*. The term "secondary ambulance provider" shall mean the system of personnel and equipment meeting the same criteria as a primary ambulance provider, but not normally dispatched on first call response.

**ARTICLE 3**  
**Franchise Required.**

(a) Except as otherwise exempted as provided herein, no person either as owner, agent or otherwise, shall furnish, operate, conduct, maintain, advertise, or otherwise be engaged in or profess to be engaged in the business or service of emergency and/or non-emergency transportation of patients within the County of Jones unless the person holds a valid permit for each ambulance used in such business or service issued by the North Carolina Department of Human Resources, Office of Emergency Medical Services, and has been granted a franchise for the operation of such business or service by the County pursuant to this Ordinance.

(b) No person shall drive an ambulance, attend to a patient in an ambulance, or permit an ambulance to be operated when transporting a patient within the County of Jones unless he or she holds a currently valid certificate as a Medical Responder, Emergency Medical Technician, EMT-Intermediate, EMT-Advanced Intermediate, or EMT-Paramedic issued by the North Carolina Department of Human Resources, Office of Emergency Medical Services.

(c) No franchise shall be required for:

- (1) Any entity rendering assistance to a franchised ambulance service in the case of a major catastrophe, mutual aid or emergency with which the services franchised by the County of Jones are insufficient or unable to cope;
- (2) Any ambulance service owned and operated by an agency of the United States or the State of North Carolina, or any subdivision of either;
- (3) Any ambulance service sponsored and/or under operation of the County of Jones;
- (4) Any ambulance service sponsored and/or under operation by any public or private hospital;
- (4)(5) A law enforcement agency assisting any person in a life threatening situation; or,
- (5)(6) Any other entity as otherwise excepted by law.

**ARTICLE 4**  
**Application for Ambulance Franchise.**

(a) Application for a franchise to operate ambulances in Jones County shall be made by the provider upon such forms as may be prepared or prescribed by the County and shall contain:

- (1) The name and address of the provider and of the owner of the ambulances.
- (2) The trade or other fictitious names, if any, under which the applicant does business, along with a certified copy of an assumed name certificate stating such name or articles of incorporation stating such name.
- (3) A resume of the training and experience of the applicant in the transportation and/or care of patients.
- (4) A full description of the type and level of service to be provided including the location of the place or places from which it is intended to operate, the manner in which the

public will be able to obtain assistance and how the vehicles will be dispatched. An audited financial statement of the applicant as the same pertains to the operations in the County of Jones, said financial statement to be in such form and in such detail as may be required by the County.

- (5) A description of the applicant's capability to provide twenty-four-hour coverage, seven (7) days per week, for the district covered by the franchise applied for, and an accurate estimate of the minimum and maximum times for a response to calls within such district.
  - (6) Proof of registered state certification for vehicles and employees.
  - (7) Proof of required insurance.
  - (8) A consent form allowing the designated agent of the Jones County Department of Emergency Services to inspect the applicant's stations, vehicles, equipment, and attendants' state medical certification cards during the term of the franchise.
  - (9) A consent form allowing the designated agent of the Jones County Department of Emergency Services to inspect the applicant's stations, vehicles, equipment, and attendants' state medical certification cards during the term of the franchise.
- (b) Application for a franchise to provide ambulance services in the County of Jones shall be accompanied by an application examination fee of three hundred dollars (\$300).

#### **ARTICLE 5** **Granting of Franchise.**

(a) The Board of Commissioners may designate specific service areas as franchise districts. Said districts will be established using criteria that include geographic size, road access, location of existing medical transportation services, population, and response time. The Board of Commissioners shall have the authority to redistrict or rearrange existing districts at any time at its discretion.

(b) An applicant may apply for a franchise to operate either emergency transportation service or non-emergency transportation services. When different types of services are to be provided by the same applicant, separate applications must be filed for each type of service.

(c) Within thirty (30) days upon receipt of an application for a franchise, the County shall schedule a time and place for the Emergency Medical Services Advisory Council to hear the applicant. Within sixty (60) days after hearing the applicant, the Council shall make its recommendation to the Board of Commissioners.

(d) A franchise may be granted if the Board of Commissioners finds that:

- (1) The applicant meets the standards of the state of North Carolina and the standards outlined in this ordinance;
- (2) The proposed service will fit within the existing service as not to adversely affect the level of service or operations of other franchisees; and,



- (3) A need exists for the proposed service in order to improve the level of services available to residents of the County of Jones and that this is a reasonable and cost effective manner of meeting the need.
- (e) Each franchise shall be valid for two years from the date of its issuance.
- (f) Each franchise may be renewed by submission of the renewal application to the office of the Jones County Department of Emergency Services at least ninety (90) days prior to the expiration date of the franchise. After approval of said application by the County and upon payment of a renewal examination fee of one hundred fifty dollars (\$150), the applicant shall be issued a renewal certificate which shall validate the applicant's franchise for an additional two years.

#### ARTICLE 6

##### Termination; Transfer of Ownership

- (a) Either party at its option may terminate a franchise granted under this ordinance upon sixty (60) days prior written notice to the other party. After a notice of service termination is given, the provider may reapply for a franchise if continued service is desired.
- (b) Upon suspension, revocation or termination of a franchise granted hereunder, such franchised service immediately shall cease operations. Upon suspension, revocation or termination of a driver's license or emergency medical technician certificate, such persons shall cease to drive an ambulance or provide medical care.
- (c) Each franchised service shall comply at all times with the requirements of this Ordinance, the franchise granted hereunder, and all applicable state and local laws relating to health, sanitation, safety, equipment, and ambulance design and all other laws and ordinances. Failure to comply will result in the revocation of the franchise by the County.
- (d) Prior approval of the County shall be required where ownership or control of more than ten percent (10%) of the right of control of franchisee is acquired by a person or group of persons acting in concert, none of whom owned or controlled ten percent (10%) or more of such right of control, singularly or collectively, at the date of the franchise. By its acceptance of the franchise, the franchisee specifically agrees that any such acquisition occurring without prior approval of the County shall constitute a violation of the franchise by the franchisee and shall be cause for termination at the option of the County.
- (e) Any change of ownership of a franchised service without the approval of the County shall terminate the franchise and shall require a new application and a new franchisee and conformance with all the requirements of this Ordinance as upon original franchising.
- (f) No franchise may be sold, assigned, mortgaged, or otherwise transferred without the approval of the County and a finding of conformance with all requirements of this Ordinance as upon original franchising. Each franchised service, its equipment and the premises designated in the application and all records relating to its maintenance and operation, as such, shall be open to inspection by the state, the County, or its designated representatives.

(g) Notwithstanding the foregoing, a franchise may be terminated without prior notice in the event of the franchisee's: (i) bankruptcy; (ii) insolvency; (iii) making of an assignment for the benefit of its creditors; or (iii) administration of its assets in any kind of creditor's proceedings, voluntary or involuntary.

#### **ARTICLE 7**

##### **Standards for Drivers.**

Standards for drivers as developed by the North Carolina Medical Care Commission as requirements for certification of Emergency Medical Technicians pursuant to the laws of the State of North Carolina shall be applied and the same are incorporated herein by reference.

#### **ARTICLE 8**

##### **Standards for Vehicles and Equipment.**

Vehicle and equipment standards as developed by the North Carolina Medical Care Commission pursuant to the laws of the State of North Carolina shall be applied and the same are incorporated herein by reference.

#### **ARTICLE 9**

##### **Standards for Communications.**

(a) Each ambulance vehicle shall be equipped with an operational two-way radio capable of establishing good quality voice communications from within the geographic confines of the County of Jones to the emergency departments of local hospitals that regularly treat the citizens of the County of Jones. Each ambulance vehicle shall be equipped with an operational two-way radio compatible with local hospitals' emergency departments to which transportation of patients is made on a regular or routine basis anywhere within the state.

(b) Each ambulance provider shall maintain current authorization or Federal Communication Commission licenses for all frequencies and radio transmitters operated by that provider. Copies of all authorizations and licenses shall be on display and available for inspection per Federal Communication Commission's rules and regulations.

(c) Each base of operations must have at least one open telephone line. Telephone numbers must be registered with each law enforcement agency and communications center in the County of Jones.

#### **ARTICLE 10**

##### **Insurance.**

(a) No franchise shall be issued under this Ordinance, nor shall such franchise be valid after issuance, nor shall any service be provided in the County of Jones unless the franchisee has at all times in force and effect insurance coverage, issued by an insurance company licensed to do business in the State of North Carolina. This insurance coverage shall provide for:

(1) for each vehicle owned and/or operated by or for the franchisee, the payment of damages:

(a) in the sum of One Million Dollars (\$1,000,000.00) for injury to or

death of individuals in accidents resulting from any cause for which the owner of said vehicle would be liable on account of liability imposed on him by law, regardless of whether the vehicle was being driven by the owner or his agent; and,

(b) in the sum of One Hundred Thousand Dollars (\$100,000.00) for the loss of or damage to the property of another, including personal property; and

(2) appropriate statutory Workers' Compensation coverage.

(b) The applicant shall provide the County with a copy of the Certificate of Insurance for the above. The insurance policy must list the County as a party to be notified in the event that the applicant's insurance is revoked, withdrawn, canceled, allowed to lapse, or in the event that there is any change in the above-described coverage amounts.

#### ARTICLE 11 Records.

(a) Each franchisee shall maintain the following records:

(1) *Record of dispatch.* Shall show time call was received, time dispatched, time arrived on scene, time arrived at destination, time in service, and time returned to base.

(2) *Trip record.* Shall state all information required in subsection (1) in addition to information on a form approved by the County. The trip record shall be so designed as to provide the patient with a copy thereof containing all required information. A copy of the trip record may serve as a receipt for any charges paid.

(3) *Daily report log.* Shall be maintained for the purpose of identifying more than one person transported in any one day.

(4) *Daily driver checklist and inspection report.* Shall list contents and description of operations for each vehicle, signed by the individual verifying vehicle operations and equipment.

(b) The County may inspect the records of a franchisee at any time in order to ensure compliance with this Section and any franchise granted under this Ordinance.

**ARTICLE 12**  
**Rates and Charges; Collections.**

- (a) The Jones County Board of Commissioners shall hereby be empowered to promulgate rules and regulations for the purpose of determining the schedule of rates and charges, if any, charged to the patient (or responsible party) receiving services within Jones County.
- (b) The method(s) of collecting said charges, if any, shall be prescribed in the rules and regulations.
- (c) Notwithstanding provisions outlined in rules and regulations established pursuant to authority in subsection (a), above, no ambulance service shall attempt to collect rates on emergency calls until the patient has reached the point of destination, has received medical attention and is in a condition deemed by the physician fit to consult with the ambulance service, but such service may attempt to collect rates with family or guardian of the patient once the patient is in the process of receiving medical attention.
- (d) On non-emergency calls, or calls where a person requires transportation to a non-emergency facility, attempts to collect payment can be made before the ambulance begins its trip.
- (e) Upon establishment of a schedule of rates and charges, all persons receiving service from the respective franchise shall be charged in accordance with the applicable schedule of charges approved for use by the franchisee.

**ARTICLE 13**  
**Enforcement.**

The Jones County Department of Emergency Services shall be the enforcing agency for the regulations contained in this Ordinance. Such office will:

- (a) Receive all franchise proposals from potential providers.
- (b) Review each proposal for conformance to this Ordinance.
- (c) With the approval of the council, recommended to the board of commissioners the award of the franchises to the applicants submitting the best proposals.
- (d) Inspect the premises, vehicles, equipment and personnel of franchisees to assure compliance to this Ordinance and perform any other inspections that may be required.
- (e) Upon acquiring reasonable and substantial evidence that an ambulance provider requiring a franchise under this ordinance, or an owner, officer, or employee of such ambulance provider, has violated any provision of this ordinance, the Director of County Emergency Services shall notify the Board of Commissioners of such evidence. The Board shall then determine if there is sufficient danger to the morals, public health, safety, or general welfare of the citizens and residents of the County to warrant revocation of the ambulance provider's franchise.
- (f) With the approval of the council, recommend to the Board of Commissioners the temporary or permanent suspension of a franchise in the event of noncompliance with the franchise terms of this Ordinance.

- (g) Ensure by cooperative agreement with other ambulance services the continued service in a district where an ambulance service franchise has been suspended.
- (h) Receive monthly reports from ambulance services and consolidate the same into a quarterly summary for review by the council and the County.
- (i) Receive complaints from the public, other enforcing agencies, and ambulance services regarding franchise infractions. Review the complaint with the Council. Obtain corrective action with the approval of the Council.
- (j) With the approval of the council, recommend improvements to the County, which will ensure better medical transportation.
- (k) Maintain all records required by this Ordinance and other applicable County regulations.
- (l) Perform such of the above functions as may be requested by any municipality within the County of Jones.
- (m) Serve as staff to the Jones County Emergency Medical Services Advisory Council on all matters that pertain to the council.

#### **ARTICLE 14**

##### **Inspection of Premises and Equipment.**

The County may inspect a franchisee's premises and equipment at any time in order to ensure compliance with this Ordinance and any franchise granted hereunder.

#### **ARTICLE 15**

##### **Amendments.**

The Board of Commissioners may, through appropriate actions, amend or expand this Ordinance as deemed necessary.

#### **ARTICLE 16**

##### **Effective Date.**

This Ordinance shall become effective on the \_\_\_\_ day of \_\_\_\_\_, 200

Adopted this \_\_\_\_ day of \_\_\_\_\_, 200

## JONES COUNTY

## APPLICATION FOR AMBULANCE FRANCHISE

DATE: 9-19-16

## I. APPLICANT.

- A. Name of Applicant Organization: Elite Medical Transport Services, Inc
- B. Address of Applicant Organization: 109 Heritage Crossing Snow Hill N.C. 28580
- C. Name of the Owner/President or Individual who will be responsible for operations of the organization:  
Richard F. White
- D. Address of Owner/President: 446 White Oak Rd Windsor N.C. 27983
- E. Telephone Number: (W) (852) 794-5725 (H) (852) 209-1617
- F. Type of Service to be provided (Circle appropriate number):
1. Emergency Transportation
  2. Convalescent and Non-Emergency Transport
  3. First Responder
  4. Rescue (Circle here and appropriate below)
    - a. Basic Rescue
    - b. Light Rescue
    - c. Medium Rescue
    - d. Heavy Rescue
    - e. Other (Specify) \_\_\_\_\_

G. Required Attachments:

1. Certified copy of articles of incorporation, charter or assumed name certificate.
2. Resume of training and experience of the applicant in the transportation and/or care of patients.
3. Audited financial statement of applicant as it pertains to operation in Jones County (if any).

SOSID: 1388024  
Date Filed: 7/2/2014 8:55:00 AM  
Elaine F. Marshall  
North Carolina Secretary of State  
C2014 177 00659

State of North Carolina  
Department of the Secretary of State

## ARTICLES OF INCORPORATION

Pursuant to §§5-2-02 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Incorporation for the purpose of forming a business corporation.

1. The name of the corporation is: ELITE MEDICAL TRANSPORT SERVICE, INC.
2. The number of shares the corporation is authorized to issue is: 1000
3. These shares shall be: (check either a or b)
  - a. ☒ All of one class, designated as common stock; or
  - b. ☐ Divided into classes or series within a class as provided in the attached schedule, with the information required by N.C.G.S. Section 55-6-01.
4. The name of the initial registered agent is: RICHARD F. WHITE
5. The North Carolina street address and county of the initial registered office of the corporation is:  
Number and Street 109 HERITAGE CROSSING  
City SNOW HILL State NC Zip Code 28580 County GREEN
6. The mailing address, if different from the street address, of the initial registered office is:  
Number and Street 446 WHITE OAK ROAD  
City WINDSOR State NC Zip Code 27983 County BERTIE
7. Principal office information: (must select either a or b)
  - a. ☒ The corporation has a principal office.  
The principal office telephone number: 252-747-1232  
The street address and county of the principal office of the corporation is:  
Number and Street 109 HERITAGE CROSSING  
City SNOW HILL State NC Zip Code 28580 County GREEN  
The mailing address, if different from the street address, of the principal office of the corporation is:  
Number and Street 446 WHITE OAK ROAD  
City WINDSOR State NC Zip Code 27983 County BERTIE
  - b. ☐ The corporation does not have a principal office.



8. Any other provisions, which the corporation elects to include; i.e., the purpose of the corporation, are attached.

9. The name and address of each incorporator is as follows:

RICHARD F. White 446 White Oak Rd Windsor  
NC 27983

10. (Optional): Please provide a business e-mail address

Privacy Redaction

The Secretary of State's Office will e-mail the business automatically at the address provided at no charge when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is being offered, please see the instructions for this document.

11. These articles will be effective upon filing, unless a future date is specified:

This the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Richard F. White

Signature

RICHARD F. White, Incorporator

Type or Print Name and Title

NOTES:

1. Filing fee is \$125. This document must be filed with the Secretary of State.

CORPORATIONS DIVISION  
(Revised April, 2013)

P. O. BOX 29622

RALEIGH, NC 27626-0622  
(Form B-01)



# NORTH CAROLINA

## Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

### ARTICLES OF INCORPORATION

OF

ELITE MEDICAL TRANSPORT SERVICE, INC.

the original of which was filed in this office on the 2nd day of July, 2014.



Scan to verify online.

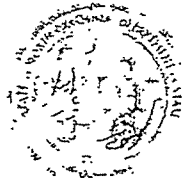
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of July, 2014.

*Elaine F. Marshall*

Secretary of State

North Carolina Secretary of State

Page 1 of 2



Elaine F. Marshall  
Secretary

North Carolina

DEPARTMENT OF THE  
SECRETARY OF STATE

PO Box 28622 Raleigh, NC 27626-0622 (919) 737-2000

[Account Login](#) [Register](#)

Date: 9/22/2014

Click here to:

[View Document Filings](#) | [File an Annual Report](#) |[Print a pre-populated Annual Report Form](#) | [Amend A Previous Annual Report](#) |

## Corporation Names

Name	Name Type
NC WHITE OAK MEDICAL TRANSPORT, INCORPORATED	LEGAL

## Business Corporation Information

SOSID:	0716509
Status:	Current-Active
Effective Date:	3/17/2004
Citizenship:	DOMESTIC
State of Inc.:	NC
Duration:	PERPETUAL
Annual Report Status:	CURRENT

## Registered Agent

Agent Name:	WHITE, RICHARD F.
Office Address:	446 WHITE OAK ROAD WINDSOR NC 27983
Mailing Address:	446 WHITE OAK ROAD WINDSOR NC 27983

## Principal Office

Office Address:	446 WHITE OAK ROAD WINDSOR NC 27983
Mailing Address:	446 WHITE OAK ROAD WINDSOR NC 27983

## Officers/Company Officials

Title:	PRESIDENT
Name:	RICHARD F WHITE
Business Address:	446 WHITE OAK ROAD WINDSOR NC 27983
Title:	VICE PRESIDENT
Name:	JANET T WHITE
Business Address:	446 WHITE OAK ROAD WINDSOR NC 27983

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North Carolina Secretary of State

Page 2 of 2

## Stock

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Class	Shares	No Par Value	Par Value
COMMON	100	YES	N/A

This website is provided to the public as a part of the Secretary of State Knowledge Base (SOSKB) system. Version: 4084

Elite Medical Transport  
Service, Inc.

109 Heritage Crossing  
Snow Hill, NC 28580  
252-747-1232

Our company operates out of Greene County, with our base located at 109 Heritage Crossing in Snow Hill. This company is owned by Richard and Janet White also of 446 White Oak Road Windsor, NC. Elite Medical has been operating since April 19, 2005 and recently reorganized as a Corporation July 2, 2014. This company has been under the direction and supervision of Richard and Janet White since 2005. Mr. White is a certified EMT-I and has 37 years of EMS experience. Mr. White held the position of captain and president for Bertie and Askewville rescue squad. He and his wife, who is a registered nurse and certified EMT-P, have been teaching the EMT Basic and Intermediate course for Martin Community College for several years.

Currently, Elite Medical Transport has 33 full time employees and 9 part-time employees. From this group, there are 1 EMT-P, 6 EMT-I's, 28 EMT-B's. These employees have experience in the medical field ranging from 1 year to 22 years. As required by Greene County Emergency Management, each employee has 38 or more hours of continuing education each year. Several of the employees do or have had full time jobs in the medical field which allows our company to have a more extensive understanding and knowledge of patient care.

Our company operates 24 hours a day, 7 days a week, 365 days a year. We have been approved and have a crew available at all times to transport patients to and from Jones, Lenoir and Greene Counties. We are available to transport into all other counties within North Carolina and handle state to state transports.

Our services include transports to all non-emergency appointments including dialysis, hospital outpatient services, to and from hospitals for scheduled surgeries, chemo treatments, and physical therapy. We service nursing homes and day centers as well as pick up directly from patients homes.

Elite is Intermediate certified and has held this certification since December 10, 2015. We currently have 12 trucks and 6 wheelchair vans.

We can be contacted by calling us directly at 252-747-1232. We operate our radios on the hospital and EMS frequency 155.280, which is a licensed radio through Greene County Sheriff's Office.

Our response time to calls within Greene County is from 8 to 20 minutes. For bordering counties, the time frame ranges from 20 to 45 minutes depending on where the patient is located.

At Elite Medical Transport, our rates are competitive and in-line with the other existing companies and will remain so. We charge \$300.00 for BLS and \$400.00 for ALS. There is also a charge of \$10.00 per mile. We give courteous and professional service to our patients and go the extra mile to make sure their needs are met. This is a family owned and operated business and we treat each and every patient as if they were family. We keep in mind how we would want our loved ones treated should they be transported.

Elite Medical Transport's continuing education classes is handled through Lenoir Community College. Each EMT is responsible to maintain their hours and provide updated documentation on an annual basis. Elite Medical Transport has a training officer, Sue Farmer who is in charge of all personnel files and makes sure everyone's records are updated and current.

We have a daily check off sheet on all trucks, including supplies, forms and equipment. Any problems are to be reported to the Maintenance or Logistics Officer and will be addressed immediately. All trucks are serviced and maintained on a regular basis.

We enter all premis data over the internet at this time.

Elite Medical Transport Service Inc  
Balance Sheet

September 25, 2014

## ASSETS

## CURRENT ASSETS

Checking Account Southern Bank	\$190,509.00	
TOTAL CURRENT ASSETS		\$190,509.00

Accounts Receivable		\$55,252.28
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## PROPERTY and EQUIPMENT

Office Equipment	\$14,389.00	
Stretchers	\$35,354.84	
Trucks	<u>\$120,000.00</u>	
Total Property and Equipment		<u>\$169,743.84</u>

TOTAL ASSETS		<u>\$415,505.12</u>
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## LIABILITIES AND EQUITY

Accounts payable	\$21,773.19	
Notes Payable	\$263,896.00	
Total Current Liabilities		\$285,669.19

## EQUITY

Common Stock	\$100.00	
Net Worth (Loss)	<u>\$129,735.93</u>	
TOTAL EQUITY		<u>\$129,835.93</u>
TOTAL LIABILITIES AND EQUITY		<u>\$415,505.12</u>

## II. DESCRIPTION OF VEHICLES SERVICING APPLICANT ORGANIZATION.

A. Listing of ambulance or rescue vehicles owned and proposed to be operated by Applicant Organization.



[illegible]



**Abbreviations:** AMB=Ambulance; RES=Rescue; ADM=Administrative



**B. Required Attachments:**



1. Copy of ambulance inspection report for each certified ambulance.
2. Copy of current FCC Form 400 authorizing the use of communications equipment.
3. Description of each two-way VHF Radio including channel capability and MHz frequencies installed.







	<b>GROUND &amp; NON-TRANSPORT VEHICLE INSPECTION REPORT</b> Date: <u>12/29/2014</u> Location: <u>Elite office Green Co</u>	 <b>Office of Emergency Medical Services</b> 2707 Mail Service Center Raleigh, NC 27699-2707	
<b>PROVIDER INFORMATION</b> Provider Name: <u>Elite Medical Transport, Inc. (Greene)</u> System Affiliation: <u>Greene</u> Operational Level: <u>EMT</u> <input checked="" type="checkbox"/> <u>EMT-I</u> <input type="checkbox"/> <u>EMT-P</u> <input type="checkbox"/>	<b>VEHICLE INFORMATION</b> Current Permit #: <u>none</u> VIN: <u>1FDSS34F83HA56417</u> Assigned Vehicle Number: <u>EMT 18</u> Model Year: <u>2003</u> Manufacturer: <u>FORD</u> Fuel Type: <u>Gas</u> <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> 4 X 4 Inspection Type: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-transport <u>New Only</u> : Height: <u>48</u> Length: <u>120</u>		
Highlighted items are not required for Non-transport vehicles. (Non-transport vehicles require one (1) O <sup>2</sup> Cylinder and one (1) Suction Apparatus)			
<b>EMT-B Inspection</b> <b>Mandatory Items:</b> <u>Vehicle Body &amp; Function</u> <u>Appropriate Restraints for Crew &amp; Non-patient Passenger</u> <u>Warning Devices (Lights &amp; Siren)</u> <u>Two-way Radio in Front &amp; Radio Control Device Mounted in Patient Compartment</u> <u>Interior Dimensions (min. 48" x 102")</u> <u>Wheeled Cot with Securing Straps</u> <u>O<sup>2</sup> Cylinder with Regulators (2 sources)</u> <u>Suction Apparatus (2 sources)</u> <u>Bag Valve Mask (adult &amp; child size bags with adult, child, infant, &amp; neonatal masks)</u> <u>Defibrillator with adult &amp; PED Pads</u> <u>Sphygmomanometer (cuffs &amp; devices) for PED, normal adult, &amp; large adult</u> <u>Stethoscope</u> <u>Heating &amp; Cooling Source</u> <u>Patient Compartment Lighting</u> <u>Tourniquet</u> <b>Mandatory at the Discretion of Medical Director for BLS Providers</b> <u>Blind Insertion Airway Device with Syringe (adult &amp; PED sizes)</u> <u>Beta-agonists (Albuterol, etc.)</u> <u>Nebulizer</u> <u>Aspirin</u> <u>Epinephrine Auto Injector (adult &amp; PED)</u> <u>Nitroglycerin</u> <u>Naloxone</u> <u>Nasal Administration Device</u> <b>Fifteen (15) Point Deductions:</b> <u>Wound Backboard</u> <u>Three (3) Backboard Straps or equivalent</u> <u>Star Chair or Folding Stretcher</u> <u>Head Immobilization Device</u> <u>Cervical Spine Immobilization Device (S, M, &amp; L)</u> <u>Pediatric Spinal Immobilization/Extinction Device or Short Backboard with Straps</u> <u>Adult Spinal Immobilization/Extinction Device or Short Backboard with Straps</u> <u>Femur Traction Splint (adult)</u> <u>Femur Traction Splint (PED)</u> <u>Upper &amp; Lower Extremity Immobilization Devices</u> <u>Pediatric Restraint Device available for restrain</u> <u>Sticks</u> <u>Oropharyngeal Airways (3 adult &amp; 3 PED sizes)</u> <u>Nasopharyngeal Airways (3 adult &amp; 3 PED sizes)</u> <u>Nasal Cannula (adult)</u> <u>Nasal Cannula (PED)</u>	<u>Non-rebreather with Tubing (adult)</u> <u>Non-rebreather with Tubing (PED)</u> <u>Suction Catheters (one between 6 &amp; 10F)</u> <u>Suction Catheters (one between 12 &amp; 16F)</u> <u>Rigid Pharyngeal Suction Device</u> <u>Wide Bore Suction Tubing</u> <u>Thermometer (low temperature capability)</u> <u>Glucose Measuring Device</u> <u>Pulse Oximeter (adult &amp; PED sizes)</u> <u>Gloves (latex free)</u> <u>Gloves (non-sterile)</u> <u>Mounted Fire Extinguisher</u> <u>Flashlight with Extra Batteries</u> <u>Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)</u> <u>Disposable Biohazard Trash Bags</u> <u>N-95 or HEPA Masks</u> <u>Disinfectant Hand Wash</u> <u>Disinfectant for Cleaning Equipment</u> <u>Sharps Containers (2 sources)</u> <u>Emesis Collection Device</u> <u>Urinal</u> <u>Bedpan</u> <u>Sheets/Pillows/Pillow Cases/Towels</u> <u>Thermal Blanket (or other heat conserving device)</u> <u>Sterile OB kit (scissors, bulb suction, cord clamps)</u> <u>Bulb Syringe (separate from OB)</u> <u>Length/Weight-based Pediatric Tape</u> <u>Dressings, Bandages, Roll Gauze</u> <u>Triangular Bandages (at least 2)</u> <u>Occlusive Dressing</u> <u>Adhesive Tape</u> <u>Heavy Duty Scissors</u> <u>Alcohol Wipes</u> <u>Lubricating Jelly</u> <u>Triage System</u> <u>Sterile Irrigation Solution</u> <u>Burn Sheet</u> <u>Cold Packs</u> <u>Medications and Fluid kept in Climate-controlled Environment</u> <u>Provider Name Displayed on Each Side</u> <u>Reflective Tape on all Sides</u> <u>Equipment Secured in Pt. Compartment</u> <u>Copy of Protocols</u> <u>Exterior Cleanliness</u> <u>Interior Cleanliness</u>	<b>EMT-I Inspection</b> <b>Mandatory Items:</b> <u>ET Blades (3 adult &amp; 3 PED sizes)</u> <u>ET Handles w/ extra Batteries &amp; Bulbs</u> <u>ET Tubes (3 adult &amp; 3 PED sizes)</u> <u>ET Stylettes (adult &amp; PED sizes)</u> <u>ET Tube Holder</u> <u>Blind Insertion Airway Device with Syringe (adult &amp; PED)</u> <u>McGill Forceps (adult &amp; PED sizes)</u> <u>IV Admin Set micro/macro</u> <u>IV Catheters in at least 4 sizes</u> <u>Needles in various sizes (1 must be 1.5 in for IM injections)</u> <u>Syringes (in at least 3 sizes)</u> <u>IV Arm Board</u> <u>Color Metric/Waveform/Numeric End Tidal/CO<sup>2</sup> Detector</u> <b>Fifteen (15) Point Deductions:</b> <u>Acetaminophen or NSAID</u> <u>Aspirin</u> <u>Beta-agonists (Albuterol, etc.)</u> <u>Crystalloid solution</u> <u>Diphenhydramine</u> <u>Epinephrine</u> <u>Glucagon</u> <u>Glucose solution</u> <u>Meconium aspirator adaptor</u> <u>Naloxone</u> <u>Nebulizer</u> <u>Nitroglycerin</u> <b>EMT-P Inspection</b> <b>Mandatory Items:</b> <u>Monitor/Defibrillator with Electrodes &amp; 2 sizes of Pads or Paddles with 12 LEAD Capacity</u> <u>Pacemaker (external)</u> <u>Intraosseous Needles (adult &amp; PED sizes)</u> <u>Needle (3" or longer &amp; 14ga for chest decompression)</u> <u>Surgical Cricothyroidotomy Airway Kit (required for RSI only)</u> <u>Waveform Capnography (required for RSI only)</u>	<b>Fifteen (15) Point Deductions:</b> <u>Adenosine</u> <u>Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)</u> <u>Antiemetic</u> <u>Atropine</u> <u>Calcium Chloride/Gluconate</u> <u>Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)</u> <u>Narcotic Analgesic</u> <u>Benzodiazepine</u> <u>Dopamine</u> <u>Sodium Bicarbonate</u> <u>Steroid preparation</u> <b>A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.</b> <b>Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.</b> <b>Total Inspection Scoring</b> <u>          x 3 pts =</u> <u>          x 15 pts =</u> <b>Total Points: <u>0</u></b> <b>Inspection Results</b> <b>PASSED</b> <u>≤ 30 points = Satisfactory</u> <u>&gt; 30 points = Unsatisfactory</u> <input type="checkbox"/> Deficiencies corrected during inspection <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Permit #: <u>NC06938</u> Expiration: <u>12/31/2016</u> <u>      </u> <b>FAILED</b> <input type="checkbox"/> Refusal of a Permit <input type="checkbox"/> Failed - Temporary <input type="checkbox"/> Failed - Suspension Issued
Comments: _____ _____ _____ <b>For NCOEMS Use Only:</b> Inspector: <u>Paul Allen</u> Date Entered in CIS: <u>12/29/2014</u>		<b>Compliance Inspection:</b> <u>      </u> Ramp <u>      </u> Spot Provider Representative: _____ <b>PERSONNEL - P#</b> <u>      </u> <b>LEVEL</b> #1: _____ MR B I P #2: _____ MR B I P	

	<b>GROUND &amp; NON-TRANSPORT VEHICLE INSPECTION REPORT</b> Date: <u>09/12/2016</u> Location: <u>Elite Med Transport</u>	 <b>Office of Emergency Medical Services</b> 2707 Mail Service Center Raleigh, NC 27699-2707	
<b>PROVIDER INFORMATION</b> Provider Name: <u>Elite Medical Transport, Inc. (Greene)</u> System Affiliation: <u>Greene</u> Operational Level: <u>EMT</u> <input checked="" type="checkbox"/> <u>EMT-I</u> <input type="checkbox"/> <u>EMT-P</u> <input type="checkbox"/>	<b>VEHICLE INFORMATION</b> Current Permit #: <u>NC001033</u> VIN: <u>1FDXE45P69DA80404</u> Assigned Vehicle Number: <u>EMT 13</u> Model Year: <u>2009</u> Manufacturer: <u>FORD</u> Fuel Type: <u>Gas</u> <input checked="" type="checkbox"/> <u>Diesel</u> <input type="checkbox"/> <u>4 X 4</u> Inspection Type: <input checked="" type="checkbox"/> <u>Ground</u> <input type="checkbox"/> <u>Non-transport</u> <input type="checkbox"/> <u>New Only</u> Height: <u>48</u> Length: <u>102</u>		
Highlighted items are not required for Non-transport Vehicles (Non-transport Vehicles require one (1) C-Cylinder and one (2) Suction Apparatus)			
<b>EMT-B Inspection</b> <b>Mandatory Items:</b> Vehicle Body & Function <u>Appropriate Restraints for Grown &amp; Non-patient Passenger</u> <u>Warning Devices (Lights &amp; Siren)</u> <u>Two-way Radio in Front &amp; Radio Control Device Mounted in Patient Compartment</u> <u>Interior Dimensions (min 48" x 102")</u> <u>Wheeled Cot with Securing Straps</u> <u>O<sub>2</sub> Cylinder with Regulators (2 sources)</u> <u>Suction Apparatus (2 sources)</u> <u>Bag Valve Mask (adult &amp; child size bags with adult, child, infant, &amp; neonatal masks)</u> <u>Defibrillator with adult &amp; PED Pads</u> <u>Sphygmomanometer (cuffs &amp; devices) for PED, normal adult, &amp; large adult</u> <u>Stethoscope</u> <u>Heating &amp; Cooling Source</u> <u>Patient Compartment Lighting</u> <u>Tourniquet</u> <b>Mandatory at the Discretion of Medical Director for BLS Providers</b> <u>Blind Insertion Airway Device with Syringe (adult &amp; PED sizes)</u> <u>Beta-agonists (Albuterol, etc.)</u> <u>Nebulizer</u> <u>Aspirin</u> <u>Epinephrine Auto Injector (adult &amp; PED)</u> <u>Nitroglycerin</u> <u>Naloxone</u> <u>Nasal Administration Device</u> <b>Fifteen (15) Point Deductions:</b> <u>Long Backboard</u> <u>Three (3) Backboard Straps or equivalent</u> <u>Star Chamber Folding Stretcher</u> <u>Head Immobilization Device</u> <u>Cervical Spine Immobilization Device (S, M, &amp; L)</u> <u>Pediatric Spinal Immobilization/Extraction Device on Short Backboard with Straps</u> <u>Adult Spinal Immobilization/Extraction Device on Short Backboard with Straps</u> <u>Femur Traction Spine Pad</u> <u>Femur Traction Spine (RED)</u> <u>Upper &amp; Lower Extremity Immobilization Devices</u> <u>Pediatric Restraint Device available to restrain adults</u> <u>Oropharyngeal Airways (3 adult &amp; 3 PED sizes)</u> <u>Nasopharyngeal Airways (3 adult &amp; 3 PED sizes)</u> <u>Nasal Cannula (adult)</u> <u>Nasal Cannula (PED)</u>	<u>Non-rebreather with Tubing (adult)</u> <u>Non-rebreather with Tubing (PED)</u> <u>Suction Catheters (one between 6 &amp; 10F)</u> <u>Suction Catheters (one between 12 &amp; 16F)</u> <u>Rigid Pharyngeal Suction Device</u> <u>Wide Bore Suction Tubing</u> <u>Thermometer (low temperature capability)</u> <u>Glucose Measuring Device</u> <u>Pulse Oximeter (adult &amp; PED sizes)</u> <u>Gloves (latex free)</u> <u>Gloves (non-sterile)</u> <u>Mounted Fire Extinguisher</u> <u>Flashlight with Extra Batteries</u> <u>Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)</u> <u>Disposable Biohazard Trash Bags</u> <u>N-95 or HEPA Masks</u> <u>Disinfectant Hand Wash</u> <u>Disinfectant for Cleaning Equipment</u> <u>Sharps Containers (2 sources)</u> <u>Emesis Collection Device</u> <u>Umbilical Bandage</u> <u>Bedpan</u> <u>Sheets, Pillows, Pillow Cases, &amp; Towels</u> <u>Thermal Blanket (or other heat conserving device)</u> <u>Sterile OB kit (scissors, bulb suction, cord clamps)</u> <u>Bulb Syringe (separate from OB)</u> <u>Length/Weight-based Pediatric Tape</u> <u>Dressings, Bandages, Roll Gauze</u> <u>Triangular Bandages (at least 2)</u> <u>Occlusive Dressing</u> <u>Adhesive Tape</u> <u>Heavy Duty Scissors</u> <u>Alcohol Wipes</u> <u>Lubricating Jelly</u> <u>Triage System</u> <u>Sterile Irrigation Solution</u> <u>Burn Sheet</u> <u>Cold Packs</u> <u>Medications and Fluid kept in Climate-controlled Environment</u> <u>Provider Name Displayed on Each Side</u> <u>Reflective Tape on all Sides</u> <u>Equipment Secured in Pt. Compartment</u> <u>Copy of Protocols</u> <u>Exterior Cleanliness</u> <u>Interior Cleanliness</u>	<b>EMT-I Inspection</b> <b>Mandatory Items:</b> <u>ET Blades (3 adult &amp; 3 PED sizes)</u> <u>ET Handles w/ extra Batteries &amp; Bulbs</u> <u>ET Tubes (3 adult &amp; 3 PED sizes)</u> <u>ET Stylettes (adult &amp; PED sizes)</u> <u>ET Tube Holder</u> <u>Blind Insertion Airway Device with Syringe (adult &amp; PED)</u> <u>McGill Forceps (adult &amp; PED sizes)</u> <u>IV Admin Set micro/macro</u> <u>IV Catheters in at least 4 sizes</u> <u>Needles in various sizes (1 must be 1.5 in for IM injections)</u> <u>Syringes (in at least 3 sizes)</u> <u>IV Arm Board</u> <u>Color Metric/Waveform/Numeric End Tidal/CO<sub>2</sub> Detector</u> <b>Fifteen (15) Point Deductions:</b> <u>Acetaminophen or NSAID</u> <u>Aspirin</u> <u>Beta-agonists (Albuterol, etc.)</u> <u>Crystalloid solution</u> <u>Diphenhydramine</u> <u>Epinephrine</u> <u>Glucagon</u> <u>Glucose solution</u> <u>Meconium aspirator adaptor</u> <u>Naloxone</u> <u>Nebulizer</u> <u>Nitroglycerin</u> <b>EMT-P Inspection</b> <b>Mandatory Items:</b> <u>Monitor/Defibrillator with Electrodes &amp; 2 sizes of Pads or Paddles with 12 LEAD Capacity</u> <u>Pacemaker (external)</u> <u>Intraosseous Needles (adult &amp; PED sizes)</u> <u>Needle (3" or longer &amp; 14ga for chest decompression)</u> <u>Surgical Cricothyroidotomy Airway Kit (required for RSI only)</u> <u>Waveform Capnography (required for RSI only)</u>	<b>Fifteen (15) Point Deductions:</b> <u>Adenosine</u> <u>Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)</u> <u>Antiemetic</u> <u>Atropine</u> <u>Calcium Chloride/Gluconate</u> <u>Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)</u> <u>Narcotic Analgesic</u> <u>Benzodiazepine</u> <u>Dopamine</u> <u>Sodium Bicarbonate</u> <u>Steroid preparation</u> <b>A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.</b> <b>Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.</b> <b>Total Inspection Scoring</b> <u>      </u> x 3 pts = <u>      </u> <u>      </u> x 15 pts = <u>      </u> <b>Total Points:</b> <u>      0      </u> <b>Inspection Results</b> PASSED ≤ 30 points = Satisfactory > 30 points = Unsatisfactory <input type="checkbox"/> Deficiencies corrected during inspection <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Permit #: <u>NC001970</u> Expiration: <u>09/30/2018</u> <u>      </u> FAILED <input type="checkbox"/> Refusal of a Permit <input type="checkbox"/> Failed - Temporary <input type="checkbox"/> Failed - Suspension Issued
Comments: _____ _____ _____ <b>For NCOEMS Use Only:</b> Inspector: <u>Paul Allen</u> Date Entered in CIS: <u>09/12/2016</u>			
<b>Compliance Inspection:</b> <u>      </u> Ramp <u>      </u> Spot Provider Representative: _____ <b>PERSONNEL - P#</b> #1: _____ MR B I P #2: _____ MR B I P		<b>LEVEL</b> #1: _____ MR B I P #2: _____ MR B I P	



	<b>GROUND &amp; NON-TRANSPORT VEHICLE INSPECTION REPORT</b> Date: <u>06/06/2016</u> Location: <u>Station</u>	 <b>Office of Emergency Medical Services</b> 2707 Mail Service Center Raleigh, NC 27699-2707	
<b>PROVIDER INFORMATION</b> Provider Name: <u>Elite Medical Transport, Inc. (Greene)</u> System Affiliation: <u>Greene</u> Operational Level: <u>EMT</u> <input checked="" type="checkbox"/> <u>EMT-I</u> <input type="checkbox"/> <u>EMT-P</u> <input type="checkbox"/>	<b>VEHICLE INFORMATION</b> Current Permit #: <u>NC06205</u> VIN: <u>1FD5534P06HB31569</u> Assigned Vehicle Number: <u>EMT-12</u> Model Year: <u>2005</u> Manufacturer: <u>FORD</u> Fuel Type: <u>Gas</u> <input checked="" type="checkbox"/> <u>Diesel</u> <input type="checkbox"/> <u>4 X 4</u> Inspection Type: <input checked="" type="checkbox"/> <u>Ground</u> <input type="checkbox"/> <u>Non-transport</u> <input type="checkbox"/> <u>New Only</u> Height: <u>48</u> Length: <u>102</u>		
Highlighted items are not required for Non-transport Vehicles (Non-transport Vehicles require one (1) O <sub>2</sub> Cylinder and one (1) Suction Apparatus)			
<b>EMT-B Inspection</b> <b>Mandatory Items:</b> <u>Vehicle Body &amp; Function</u> <u>Appropriate Restraints for Crew &amp; Non-patient Passenger</u> <u>Warning Devices (Lights &amp; Siren)</u> <u>Two-way Radio in Front &amp; Radio Control Device</u> <u>Mounted in Patient Compartment</u> <u>Interior Dimensions (min 48" x 102")</u> <u>Wheelchair with Securing Straps</u> <u>O<sub>2</sub> Cylinder with Regulators (2 sources)</u> <u>Suction Apparatus (2 sources)</u> <u>Bag Valve Mask (adult &amp; child size bags with adult, child, infant, &amp; neonatal masks)</u> <u>Defibrillator with adult &amp; PED Pads</u> <u>Sphygmomanometer (cuffs &amp; devices) for PED, normal adult, &amp; large adult</u> <u>Stethoscope</u> <u>Heating &amp; Cooling Source</u> <u>Patient Compartment Lighting</u> <u>Tourniquet</u> <b>Mandatory at the Discretion of Medical Director for BLS Providers</b> <u>Blind Insertion Airway Device with Syringe (adult &amp; PED sizes)</u> <u>Beta-agonists (Albuterol, etc.)</u> <u>Nebulizer</u> <u>Aspirin</u> <u>Epinephrine Auto Injector (adult &amp; PED)</u> <u>Nitroglycerin</u> <u>Naloxone</u> <u>Nasal Administration Device</u> <b>Fifteen (15) Point Deductions:</b> <u>Long Backboard</u> <u>Three (3) Backboard Straps or equivalent</u> <u>Stair Chair or Folding Stretcher</u> <u>Head Immobilization Device</u> <u>Cervical Spine Immobilization Device (S, M, &amp; L)</u> <u>Pediatric Spinal Immobilization/Extraction Device</u> <u>or Short Backboard with Straps</u> <u>Adult Spinal Immobilization/Extraction Device</u> <u>or Short Backboard with Straps</u> <u>Femoral Traction Splint (adult)</u> <u>Femoral Traction Splint (PED)</u> <u>Upper &amp; Lower Extremity Immobilization Devices</u> <u>Pediatric Restraint Device available to restrain 240 lbs</u> <u>Oropharyngeal Airways (3 adult &amp; 3 PED sizes)</u> <u>Nasopharyngeal Airways (3 adult &amp; 3 PED sizes)</u> <u>Nasal Cannula (adult)</u> <u>Nasal Cannula (PED)</u>	<u>Non-rebreather with Tubing (adult)</u> <u>Non-rebreather with Tubing (PED)</u> <u>Suction Catheters (one between 6 &amp; 10F)</u> <u>Suction Catheters (one between 12 &amp; 16F)</u> <u>Rigid Pharyngeal Suction Device</u> <u>Wide Bore Suction Tubing</u> <u>Thermometer (low temperature capability)</u> <u>Glucose Measuring Device</u> <u>Pulse Oximeter (adult &amp; PED sizes)</u> <u>Gloves (latex free)</u> <u>Gloves (non-sterile)</u> <u>Mounted Fire Extinguisher</u> <u>Flashlight with Extra Batteries</u> <u>Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)</u> <u>Disposable Biohazard Trash Bags</u> <u>N-95 or HEPA Masks</u> <u>Disinfectant Hand Wash</u> <u>Disinfectant for Cleaning Equipment</u> <u>Sharps Containers (2 sources)</u> <u>Emesis Collection Device</u> <u>Unna</u> <u>Bagban</u> <u>Sheets/ Pillows/ Pillow Cases/ Towels</u> <u>Thermal Blanket (or other heat conserving device)</u> <u>Sterile OB kit (scissors, bulb suction, cord clamps)</u> <u>Bulb Syringe (separate from OB)</u> <u>Length/Weight-based Pediatric Tape</u> <u>Dressings, Bandages, Roll Gauze</u> <u>Triangular Bandages (at least 2)</u> <u>Occlusive Dressing</u> <u>Adhesive Tape</u> <u>Heavy Duty Scissors</u> <u>Alcohol Wipes</u> <u>Lubricating Jelly</u> <u>Triage System</u> <u>Sterile Irrigation Solution</u> <u>Burn Sheet</u> <u>Cold Packs</u> <u>Medications and Fluid kept in Climate-controlled Environment</u> <u>Provider Name Displayed on Each Side</u> <u>Reflective Tape on all Sides</u> <u>Equipment Secured in Pt. Compartment</u> <u>Copy of Protocols</u> <u>Exterior Cleanliness</u> <u>Interior Cleanliness</u>	<b>EMT-I Inspection</b> <b>Mandatory Items:</b> <u>ET Blades (3 adult &amp; 3 PED sizes)</u> <u>ET Handles w/ extra Batteries &amp; Bulbs</u> <u>ET Tubes (3 adult &amp; 3 PED sizes)</u> <u>ET Stylettes (adult &amp; PED sizes)</u> <u>ET Tube Holder</u> <u>Blind Insertion Airway Device with Syringe (adult &amp; PED)</u> <u>McGill Forceps (adult &amp; PED sizes)</u> <u>IV Admin Set micro/macroc</u> <u>IV Catheters in at least 4 sizes</u> <u>Needles in various sizes (1 must be 1.5 in for IM injections)</u> <u>Syringes (in at least 3 sizes)</u> <u>IV Arm Board</u> <u>Color Metric/Waveform/Numeric End Tidal/CO<sub>2</sub> Detector</u> <b>Fifteen (15) Point Deductions:</b> <u>Acetaminophen or NSAID</u> <u>Aspirin</u> <u>Beta-agonists (Albuterol, etc.)</u> <u>Crystalloid solution</u> <u>Diphenhydramine</u> <u>Epinephrine</u> <u>Glucagon</u> <u>Glucose solution</u> <u>Meconium aspirator adaptor</u> <u>Naloxone</u> <u>Nebulizer</u> <u>Nitroglycerin</u> <b>EMT-P Inspection</b> <b>Mandatory Items:</b> <u>Monitor/Defibrillator with Electrodes &amp; 2 sizes of Pads or Paddles with 12 LEAD Capacity</u> <u>Pacemaker (external)</u> <u>Intraosseous Needles (adult &amp; PED sizes)</u> <u>Needle (3" or longer &amp; 14ga for chest decompression)</u> <u>Surgical Cricothyroidotomy Airway Kit (required for RSI only)</u> <u>Waveform Capnography (required for RSI only)</u>	<b>Fifteen (15) Point Deductions:</b> <u>Adenosine</u> <u>Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)</u> <u>Antiemetic</u> <u>Atropine</u> <u>Calcium Chloride/Gluconate</u> <u>Beta Blockers (Metoprolol, Labetalol, etc.)</u> <u>or Calcium Channel Blockers (Diltiazem, etc.)</u> <u>Narcotic Analgesic</u> <u>Benzodiazepine</u> <u>Dopamine</u> <u>Sodium Bicarbonate</u> <u>Steroid preparation</u> <b>A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.</b> <b>Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.</b> <b>Total Inspection Scoring</b> <u>      </u> x 3 pts = <u>      </u> <u>      </u> x 15 pts = <u>      </u> <b>Total Points:</b> <u>      0      </u> <b>Inspection Results</b> <b>PASSED</b> <u>≤ 30 points = Satisfactory</u> <u>&gt; 30 points = Unsatisfactory</u> <input type="checkbox"/> <u>Deficiencies corrected during inspection</u> <input type="checkbox"/> <u>Approved</u> <input type="checkbox"/> <u>Not Approved</u> Permit #: <u>NC000401</u> Expiration: <u>06/30/2018</u> <u>      </u> <b>FAILED</b> <input type="checkbox"/> <u>Refusal of a Permit</u> <input type="checkbox"/> <u>Failed - Temporary</u> <input type="checkbox"/> <u>Failed - Suspension Issued</u>
Comments: _____ _____ _____ <b>For NCOEMS Use Only:</b> Inspector: <u>Allen Johnson</u> Date Entered in CIS: <u>06/06/2016</u>		<b>Compliance Inspection:</b> <u>      </u> Ramp <u>      </u> Spot Provider Representative: _____ <b>PERSONNEL - P#</b> <u>      </u> <b>LEVEL</b> #1: _____ MR B I P #2: _____ MR B I P	

	<b>GROUND &amp; NON-TRANSPORT VEHICLE INSPECTION REPORT</b> Date: <u>01/22/2016</u> Location: <u>Office</u>	 <b>Office of Emergency Medical Services</b> 2707 Mail Service Center Raleigh, NC 27699-2707							
<b>PROVIDER INFORMATION</b> Provider Name: <u>Elite Medical Transport, Inc. (Greene)</u> System Affiliation: <u>Greene</u> Operational Level: <u>EMT</u> <input checked="" type="checkbox"/> <u>EMT-I</u> <input type="checkbox"/> <u>EMT-P</u> <input type="checkbox"/>	<b>VEHICLE INFORMATION</b> Current Permit #: <u>NC05443</u> VIN: <u>1FDWF36P06EB20841</u> Assigned Vehicle Number: <u>EMT-11</u> Model Year: <u>2006</u> Manufacturer: <u>FORD</u> Fuel Type: <u>Gas</u> <input checked="" type="checkbox"/> <u>Diesel</u> <input type="checkbox"/> <u>4 X 4</u> Inspection Type: <input checked="" type="checkbox"/> <u>Ground</u> <input type="checkbox"/> <u>Non-transport</u> <u>New Only</u> : Height: <u>48</u> Length: <u>102</u>								
Highlighted items are not required for Non-transport Vehicles (Non-transport Vehicles require one (1) O <sub>2</sub> Cylinder and one (1) Suction Apparatus)									
<b>EMT-B Inspection</b> <b>Mandatory Items:</b> <u>Vehicle Body &amp; Function</u> <u>Appropriate Restraints for Crew &amp; Non-patient Passenger</u> <u>Warning Devices (Lights &amp; Siren)</u> <u>Two-way Radio in Front &amp; Radio Control Device</u> <u>Mounted in Patient Compartment</u> <u>Interior Dimensions (min 10' x 10'2")</u> <u>Wheelchair with Securing Straps</u> <u>O<sub>2</sub> Cylinder with Regulators (2 sources)</u> <u>Suction Apparatus (2 sources)</u> <u>Bag Valve Mask (adult &amp; child size bags with adult, child, infant, &amp; neonatal masks)</u> <u>Defibrillator with adult &amp; PED Pads</u> <u>Sphygmomanometer (cuffs &amp; devices) for PED, normal adult, &amp; large adult</u> <u>Stethoscope</u> <u>Heating &amp; Cooling Source</u> <u>Patient Compartment Lighting</u> <u>Tourniquet</u> <b>Mandatory at the Discretion of Medical Director for BLS Providers</b> <u>Blind Insertion Airway Device with Syringe (adult &amp; PED sizes)</u> <u>Beta-agonists (Albuterol, etc.)</u> <u>Nebulizer</u> <u>Epinephrine Auto Injector (adult &amp; PED)</u> <u>Nitroglycerin</u> <u>Naloxone</u> <u>Nasal Administration Device</u> <b>Fifteen (15) Point Deductions:</b> <u>Long Backboard</u> <u>Three (3) Backboard Straps or equivalent</u> <u>Stair Chair or Folding Stretcher</u> <u>Head Immobilization Device</u> <u>Cervical Spine Immobilization Device (S, M, &amp; L)</u> <u>Pediatric Spinal Immobilization/Extension Device or Short Backboard with Straps</u> <u>Adult Spinal Immobilization/Extension Device or Short Backboard with Straps</u> <u>Femur Traction Splint (adult)</u> <u>Femur Traction Splint (PED)</u> <u>Upper &amp; Lower Extremity Immobilization Devices</u> <u>Pediatric Restraint Device available to restrain 240 lbs</u> <u>Oropharyngeal Airways (3 adult &amp; 3 PED sizes)</u> <u>Nasopharyngeal Airways (3 adult &amp; 3 PED sizes)</u> <u>Nasal Cannula (adult)</u> <u>Nasal Cannula (PED)</u>	<u>Non-rebreather with Tubing (adult)</u> <u>Non-rebreather with Tubing (PED)</u> <u>Suction Catheters (one between 6 &amp; 10F)</u> <u>Suction Catheters (one between 12 &amp; 16F)</u> <u>Rigid Pharyngeal Suction Device</u> <u>Wide Bore Suction Tubing</u> <u>Thermometer (low temperature capability)</u> <u>Glucose Measuring Device</u> <u>Pulse Oximeter (adult &amp; PED sizes)</u> <u>Gloves (latex free)</u> <u>Gloves (non-sterile)</u> <u>Mounted Fire Extinguisher</u> <u>Flashlight with Extra Batteries</u> <u>Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)</u> <u>Disposable Biohazard Trash Bags</u> <u>N-95 or HEPA Masks</u> <u>Disinfectant Hand Wash</u> <u>Disinfectant for Cleaning Equipment</u> <u>Sharps Containers (2 sources)</u> <u>Emesis Collection Device</u> <u>Ungual Bedpan</u> <u>Sheets, Pillows, Pillow Cases, &amp; Towels</u> <u>Thermal Blanket (or other heat conserving device)</u> <u>Sterile OB kit (scissors, bulb suction, cord clamps)</u> <u>Bulb Syringe (separate from OB)</u> <u>Length/Weight-based Pediatric Tape</u> <u>Dressings, Bandages, Roll Gauze</u> <u>Triangular Bandages (at least 2)</u> <u>Occlusive Dressing</u> <u>Adhesive Tape</u> <u>Heavy Duty Scissors</u> <u>Alcohol Wipes</u> <u>Lubricating Jelly</u> <u>Triage System</u> <u>Sterile Irrigation Solution</u> <u>Burn Sheet</u> <u>Cold Packs</u> <u>Medications and Fluid kept in Climate-controlled Environment</u> <u>Provider Name Displayed on Each Side</u> <u>Reflective Tape on all Sides</u> <u>Equipment Secured in Pt. Compartment</u> <u>Copy of Protocols</u> <u>Exterior Cleanliness</u> <u>Interior Cleanliness</u>	<b>EMT-I Inspection</b> <b>Mandatory Items:</b> <u>ET Blades (3 adult &amp; 3 PED sizes)</u> <u>ET Handles w/ extra Batteries &amp; Bulbs</u> <u>ET Tubes (3 adult &amp; 3 PED sizes)</u> <u>ET Stylettes (adult &amp; PED sizes)</u> <u>ET Tube Holder</u> <u>Blind Insertion Airway Device with Syringe (adult &amp; PED)</u> <u>McGill Forceps (adult &amp; PED sizes)</u> <u>IV Admin Set micro/macro</u> <u>IV Catheters in at least 4 sizes</u> <u>Needles in various sizes (1 must be 1.5 in for IM injections)</u> <u>Syringes (in at least 3 sizes)</u> <u>IV Arm Board</u> <u>Color Metric/Waveform/Numeric End Tidal/CO<sub>2</sub> Detector</u> <b>Fifteen (15) Point Deductions:</b> <u>Acetaminophen or NSAID</u> <u>Aspirin</u> <u>Beta-agonists (Albuterol, etc.)</u> <u>Crystalloid solution</u> <u>Diphenhydramine</u> <u>Epinephrine</u> <u>Glucagon</u> <u>Glucose solution</u> <u>Meconium aspirator adaptor</u> <u>Naloxone</u> <u>Nebulizer</u> <u>Nitroglycerin</u> <b>EMT-P Inspection</b> <b>Mandatory Items:</b> <u>Monitor/Defibrillator with Electrodes &amp; 2 sizes of Pads or Paddles with 12 LEAD Capacity</u> <u>Pacemaker (external)</u> <u>Intraosseous Needles (adult &amp; PED sizes)</u> <u>Needle (3" or longer &amp; 14ga for chest decompression)</u> <u>Surgical Cricothyroidotomy Airway Kit (required for RSI only)</u> <u>Waveform Capnography (required for RSI only)</u>	<b>Fifteen (15) Point Deductions:</b> <u>Adenosine</u> <u>Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)</u> <u>Antiemetic</u> <u>Atropine</u> <u>Calcium Chloride/Gluconate</u> <u>Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)</u> <u>Narcotic Analgesic</u> <u>Benzodiazepine</u> <u>Dopamine</u> <u>Sodium Bicarbonate</u> <u>Steroid preparation</u> <b>A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.</b> Missing an entire mandatory item may result in Summary Suspension or refusal of a permit. <b>Total Inspection Scoring</b> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">x 3 pts =</td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: right;">x 15 pts =</td> <td></td> </tr> <tr> <td style="text-align: right;">Total Points:</td> <td style="text-align: center; border: 1px solid black;">0</td> </tr> </table> <b>Inspection Results</b> PASSED ≤ 30 points = Satisfactory > 30 points = Unsatisfactory <input type="checkbox"/> Deficiencies corrected during inspection <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Permit #: <u>NC001547</u> Expiration: <u>01/31/2018</u> FAILED <input type="checkbox"/> Refusal of a Permit <input type="checkbox"/> Failed – Temporary <input type="checkbox"/> Failed – Suspension Issued	x 3 pts =		x 15 pts =		Total Points:	0
x 3 pts =									
x 15 pts =									
Total Points:	0								
Comments: _____ _____ _____ <b>For NCOEMS Use Only:</b> Inspector: <u>Allen Johnson</u> Date Entered in CIS: <u>01/27/2016</u>		<b>Compliance Inspection:</b> <u>_____</u> Ramp <u>_____</u> Spot <u>_____</u> Provider Representative: _____ <b>PERSONNEL – P#</b> <span style="float: right;"><b>LEVEL</b></span> #1: _____ MR B I P #2: _____ MR B I P							

	<b>GROUND &amp; NON-TRANSPORT VEHICLE INSPECTION REPORT</b> Date: <u>06/06/2016</u> Location: <u>Station</u>	 <b>Office of Emergency Medical Services</b> 2707 Mail Service Center Raleigh, NC 27699-2707						
<b>PROVIDER INFORMATION</b> Provider Name: <u>Elite Medical Transport, Inc. (Greene)</u> System Affiliation: <u>Greene</u> Operational Level: <u>EMT</u> <input checked="" type="checkbox"/> <u>EMT-I</u> <input type="checkbox"/> <u>EMT-P</u>	<b>VEHICLE INFORMATION</b> Current Permit #: <u>NC06202</u> VIN: <u>1FD5534P76HB31587</u> Assigned Vehicle Number: <u>EMT-9</u> Model Year: <u>2005</u> Manufacturer: <u>FORD</u> Fuel Type: <u>Gas</u> <input type="checkbox"/> <u>Diesel</u> <input checked="" type="checkbox"/> <u>4 X 4</u> Inspection Type: <input checked="" type="checkbox"/> <u>Ground</u> <input type="checkbox"/> <u>Non-transport</u> <u>New Only</u> : Height: <u>48</u> Length: <u>102</u>							
Highlighted items are not required for Non-transport Vehicles (Non-transport Vehicles require one (1) O <sub>2</sub> Cylinder and one (1) Suction Apparatus)								
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PED)</u> <u>Nitroglycerin</u> <u>Naloxone</u> <u>Nasal Administration Device</u> <b>Fifteen (15) Point Deductions:</b> <u>Long Backboard</u> <u>Three (3) Backboard Straps or equivalent</u> <u>Star Chair or Folding Stretcher</u> <u>Head Immobilization Device</u> <u>Cervical Spine Immobilization Device (S, M, &amp; L)</u> <u>Pediatric Spinal Immobilization Extraction Device or Short Backboard with Straps</u> <u>Adult Spinal Immobilization Extraction Device or Short Backboard with Straps</u> <u>Femur Traction Splint (adult)</u> <u>Femur Traction Splint (PED)</u> <u>Upper &amp; Lower Extremity Immobilization Devices</u> <u>Pediatric Restraint Device available to restrain &lt;40 lbs</u> <u>Oropharyngeal Airways (3 adult &amp; 3 PED sizes)</u> <u>Nasopharyngeal Airways (3 adult &amp; 3 PED sizes)</u> <u>Nasal Cannula (adult)</u> <u>Nasal Cannula (PED)</u>	<u>Non-rebreather with Tubing (adult)</u> <u>Non-rebreather with Tubing (PED)</u> <u>Suction Catheters (one between 6 &amp; 10F)</u> <u>Suction Catheters (one between 12 &amp; 16F)</u> <u>Rigid Pharyngeal Suction Device</u> <u>Wide Bore Suction Tubing</u> <u>Thermometer (low temperature capability)</u> <u>Glucose Measuring Device</u> <u>Pulse Oximeter (adult &amp; PED sizes)</u> <u>Gloves (latex free)</u> <u>Gloves (non-sterile)</u> <u>Mounted Fire Extinguisher</u> <u>Flashlight with Extra Batteries</u> <u>Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)</u> <u>Disposable Biohazard Trash Bags</u> <u>N-95 or HEPA Masks</u> <u>Disinfectant Hand Wash</u> <u>Disinfectant for Cleaning Equipment</u> <u>Sharps Containers (2 sources)</u> <u>Emesis Collection Device</u> <u>Urinal</u> <u>Bedpan</u> <u>Sheets, Pillows, Pillow Cases, &amp; Towels</u> <u>Thermal Blanket (or other heat conserving device)</u> <u>Sterile OB kit (scissors, bulb suction, cord clamps)</u> <u>Bulb Syringe (separate from OB)</u> <u>Length/Weight-based Pediatric Tape</u> <u>Dressings, Bandages, Roll Gauze</u> <u>Triangular Bandages (at least 2)</u> <u>Occlusive Dressing</u> <u>Adhesive Tape</u> <u>Heavy Duty Scissors</u> <u>Alcohol Wipes</u> <u>Lubricating Jelly</u> <u>Triage System</u> <u>Sterile Irrigation Solution</u> <u>Bum Sheet</u> <u>Cold Packs</u> <u>Medications and Fluid kept in Climate-controlled Environment</u> <u>Provider Name Displayed on Each Side</u> <u>Reflective Tape on all Sides</u> <u>Equipment Secured in PL Compartment</u> <u>Copy of Protocols</u> <u>Exterior Cleanliness</u> <u>Interior Cleanliness</u>	<b>EMT-I Inspection</b> <b>Mandatory Items:</b> <u>ET Blades (3 adult &amp; 3 PED sizes)</u> <u>ET Handles w/ extra Batteries &amp; Bulbs</u> <u>ET Tubes (3 adult &amp; 3 PED sizes)</u> <u>ET Stylettes (adult &amp; PED sizes)</u> <u>ET Tube Holder</u> <u>Blind Insertion Airway Device with Syringe (adult &amp; PED)</u> <u>McGill Forceps (adult &amp; PED sizes)</u> <u>IV Admin Set micro/macro</u> <u>IV Catheters in at least 4 sizes</u> <u>Needles in various sizes (1 must be 1.5 in for IM injections)</u> <u>Syringes (in at least 3 sizes)</u> <u>IV Arm Board</u> <u>Color Metric/Waveform/Numeric End Tidal/CO<sub>2</sub> Detector</u> <b>Fifteen (15) Point Deductions:</b> <u>Acetaminophen or NSAID</u> <u>Aspirin</u> <u>Beta-agonists (Albuterol, etc.)</u> <u>Crystalloid solution</u> <u>Diphenhydramine</u> <u>Epinephrine</u> <u>Glucagon</u> <u>Glucose solution</u> <u>Meconium aspirator adaptor</u> <u>Naloxone</u> <u>Nebulizer</u> <u>Nitroglycerin</u> <b>Fifteen (15) Point Deductions:</b> <u>Adenosine</u> <u>Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)</u> <u>Antiemetic</u> <u>Atropine</u> <u>Calcium Chloride/Gluconate</u> <u>Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)</u> <u>Narcotic Analgesic</u> <u>Benzodiazepine</u> <u>Dopamine</u> <u>Sodium Bicarbonate</u> <u>Steroid preparation</u> <b>A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.</b> Missing an entire mandatory item may result in Summary Suspension or refusal of a permit. <b>Total Inspection Scoring</b> <table style="width: 100%;"> <tr> <td style="text-align: right;">x 3 pts =</td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: right;">x 15 pts =</td> <td></td> </tr> <tr> <td style="text-align: right;">Total Points:</td> <td style="text-align: center;">0</td> </tr> </table> <b>Inspection Results</b> PASSED ≤ 30 points = Satisfactory > 30 points = Unsatisfactory <input checked="" type="checkbox"/> Deficiencies corrected during inspection <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Permit #: <u>NC0001520</u> Expiration: <u>06/30/2018</u> _____ FAILED <input type="checkbox"/> Refusal of a Permit <input type="checkbox"/> Failed - Temporary <input type="checkbox"/> Failed - Suspension Issued	x 3 pts =		x 15 pts =		Total Points:	0
x 3 pts =								
x 15 pts =								
Total Points:	0							
Comments: <u>Missing NPA peds</u> _____ _____ <b>For NCOEMS Use Only:</b> Inspector: <u>Allen Johnson</u> Date Entered in CIS: <u>06/06/2016</u>		<b>Compliance Inspection:</b> _____ Ramp _____ Spot Provider Representative: _____ <b>PERSONNEL - P#</b> <span style="float: right;"><b>LEVEL</b></span> #1: _____ MR B I P #2: _____ MR B I P						

	<b>GROUND &amp; NON-TRANSPORT VEHICLE INSPECTION REPORT</b> Date: <u>06/06/2016</u> Location: <u>Station</u>	 <b>Office of Emergency Medical Services</b> 2707 Mail Service Center Raleigh, NC 27699-2707	
<b>PROVIDER INFORMATION</b> Provider Name: <u>Elite Medical Transport, Inc. (Greene)</u> System Affiliation: <u>Greene</u> Operational Level: <u>EMT</u> <input checked="" type="checkbox"/> <u>EMT-I</u> <input type="checkbox"/> <u>EMT-P</u> <input type="checkbox"/>	<b>VEHICLE INFORMATION</b> Current Permit #: <u>NC06203</u> VIN: <u>1FD5534P86HB30402</u> Assigned Vehicle Number: <u>EMT-8</u> Model Year: <u>2005</u> Manufacturer: <u>FORD</u> Fuel Type: <u>Gas</u> <input checked="" type="checkbox"/> <u>Diesel</u> <input type="checkbox"/> 4 X 4 Inspection Type: <input checked="" type="checkbox"/> <u>Ground</u> <input type="checkbox"/> <u>Non-transport</u> <input type="checkbox"/> <u>New Only</u> Height: <u>48</u> Length: <u>102</u>		
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<b>EMT-B Inspection</b> <b>Mandatory Items:</b> <u>Vehicle Body &amp; Function</u> <u>Appropriate Restraints for Crew &amp; Non-patient Passenger</u> <u>Warning Devices (Lights &amp; Siren)</u> <u>Two-way Radio in Front &amp; Radio Control Device</u> <u>Mounted in Patient Compartment</u> <u>Interior Dimensions (min. 48" x 102")</u> <u>Wheeled Cot with Securing Straps</u> <u>O<sub>2</sub> Cylinder with Regulators (2 sources)</u> <u>Suction Apparatus (2 sources)</u> <u>Bag Valve Mask (adult &amp; child size bags with adult, child, infant, &amp; neonatal masks)</u> <u>Defibrillator with adult &amp; PED Pads</u> <u>Sphygmomanometer (cuffs &amp; devices) for PED, normal adult, &amp; large adult</u> <u>Stethoscope</u> <u>Heating &amp; Cooling Source</u> <u>Patient Compartment Lighting</u> <u>Tourniquet</u> <b>Mandatory at the Discretion of Medical Director for BLS Providers</b> <u>Blind Insertion Airway Device with Syringe (adult &amp; PED sizes)</u> <u>Beta-agonists (Albuterol, etc.)</u> <u>Nebulizer</u> <u>Aspirin</u> <u>Epinephrine Auto Injector (adult &amp; PED)</u> <u>Nitroglycerin</u> <u>Naloxone</u> <u>Nasal Administration Device</u> <b>Fifteen (15) Point Deductions:</b> <u>Long Backboard</u> <u>Three (3) Backboard Steps or equivalent</u> <u>Stair or other climbing Stretcher</u> <u>Head Immobilization Device</u> <u>Cervical Spine Immobilization Device (S, M, &amp; L)</u> <u>Prepainted Spinal Immobilization/Extraction Device</u> <u>or Short Backboard with Straps</u> <u>Adult Spinal Immobilization/Extraction Device</u> <u>or Short Backboard with Straps</u> <u>Femur Traction Splint (adult)</u> <u>Femur Traction Splint (PED)</u> <u>Upper &amp; Lower Extremity Immobilization Devices</u> <u>Pediatric Restraint Device available to restrain &lt;40 lbs</u> <u>Oropharyngeal Airways (3 adult &amp; 3 PED sizes)</u> <u>Nasopharyngeal Airways (3 adult &amp; 3 PED sizes)</u> <u>Nasal Cannula (adult)</u> <u>Nasal Cannula (PED)</u>	<u>Non-rebreather with Tubing (adult)</u> <u>Non-rebreather with Tubing (PED)</u> <u>Suction Catheters (one between 6 &amp; 10F)</u> <u>Suction Catheters (one between 12 &amp; 16F)</u> <u>Rigid Pharyngeal Suction Device</u> <u>Wide Bore Suction Tubing</u> <u>Thermometer (low temperature capability)</u> <u>Glucose Measuring Device</u> <u>Pulse Oximeter (adult &amp; PED sizes)</u> <u>Gloves (latex free)</u> <u>Gloves (non-sterile)</u> <u>Mounted Fire Extinguisher</u> <u>Flashlight with Extra Batteries</u> <u>Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)</u> <u>Disposable Biohazard Trash Bags</u> <u>N-95 or HEPA Masks</u> <u>Disinfectant Hand Wash</u> <u>Disinfectant for Cleaning Equipment</u> <u>Sharps Containers (2 sources)</u> <u>Emesis Collection Device</u> <u>Blanket</u> <u>Bedpan</u> <u>Sheets, Pillows, Pillow Cases, &amp; Towels</u> <u>Thermal Blanket (or other heat conserving device)</u> <u>Sterile OB kit (scissors, bulb suction, cord clamps)</u> <u>Bulb Syringe (separate from OB)</u> <u>Length/Weight-based Pediatric Tape</u> <u>Dressings, Bandages, Roll Gauze</u> <u>Triangular Bandages (at least 2)</u> <u>Occlusive Dressing</u> <u>Adhesive Tape</u> <u>Heavy Duty Scissors</u> <u>Alcohol Wipes</u> <u>Lubricating Jelly</u> <u>Triage System</u> <u>Sterile Irrigation Solution</u> <u>Burn Sheet</u> <u>Cold Packs</u> <u>Medications and Fluid kept in Climate-controlled Environment</u> <u>Provider Name Displayed on Each Side</u> <u>Reflective Tape on all Sides</u> <u>Equipment Secured in Pt. Compartment</u> <u>Copy of Protocols</u> <u>Exterior Cleanliness</u> <u>Interior Cleanliness</u>	<b>EMT-I Inspection</b> <b>Mandatory Items:</b> <u>ET Blades (3 adult &amp; 3 PED sizes)</u> <u>ET Handles w/ extra Batteries &amp; Bulbs</u> <u>ET Tubes (3 adult &amp; 3 PED sizes)</u> <u>ET Stylettes (adult &amp; PED sizes)</u> <u>ET Tube Holder</u> <u>Blind Insertion Airway Device with Syringe (adult &amp; PED)</u> <u>McGill Forceps (adult &amp; PED sizes)</u> <u>IV Admin Set micro/macro</u> <u>IV Catheters in at least 4 sizes</u> <u>Needles in various sizes (1 must be 1.5 in for IM injections)</u> <u>Syringes (in at least 3 sizes)</u> <u>IV Arm Board</u> <u>Color Metric/Waveform/Numeric End Tidal/CO<sub>2</sub> Detector</u> <b>Fifteen (15) Point Deductions:</b> <u>Acetaminophen or NSAID</u> <u>Aspirin</u> <u>Beta-agonists (Albuterol, etc.)</u> <u>Crystalline solution</u> <u>Diphenhydramine</u> <u>Epinephrine</u> <u>Glucagon</u> <u>Glucose solution</u> <u>Meconium aspirator adaptor</u> <u>Naloxone</u> <u>Nebulizer</u> <u>Nitroglycerin</u> <b>EMT-P Inspection</b> <b>Mandatory Items:</b> <u>Monitor/Defibrillator with Electrodes &amp; 2 sizes of Pads or Paddles with 12 LEAD Capacity</u> <u>Pacemaker (external)</u> <u>Intraosseous Needles (adult &amp; PED sizes)</u> <u>Needle (3" or longer &amp; 14ga for chest decompression)</u> <u>Surgical Cricothyroidotomy Airway Kit (required for RSI only)</u> <u>Waveform Capnography (required for RSI only)</u>	<b>Fifteen (15) Point Deductions:</b> <u>Adenosine</u> <u>Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)</u> <u>Antiemetic</u> <u>Atropine</u> <u>Calcium Chloride/Gluconate</u> <u>Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.)</u> <u>Narcotic Analgesic</u> <u>Benzodiazepine</u> <u>Dopamine</u> <u>Sodium Bicarbonate</u> <u>Steroid preparation</u> <b>A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.</b> <b>Missing an entire mandatory item may result in Summary Suspension or refusal of a permit.</b> <b>Total Inspection Scoring</b> <u>          x 3 pts =</u> <u>          x 15 pts =</u> <b>Total Points:           0</b> <b>Inspection Results</b> <b>PASSED</b> <u>≤ 30 points = Satisfactory</u> <u>&gt; 30 points = Unsatisfactory</u> <input checked="" type="checkbox"/> <b>Deficiencies corrected during inspection</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not Approved</b> Permit #: <u>NC000400</u> Expiration: <u>06/30/2018</u> <b>_____ FAILED</b> <input type="checkbox"/> <b>Refusal of a Permit</b> <input type="checkbox"/> <b>Failed - Temporary</b> <input type="checkbox"/> <b>Failed - Suspension Issued</b>
Comments: <u>missing peds traction</u> _____ _____ _____ <b>For NCOEMS Use Only:</b> Inspector: <u>Allen Johnson</u> Date Entered in CIS: <u>06/06/2016</u>		<b>Compliance Inspection:</b> <u>      </u> Ramp <u>      </u> Spot Provider Representative: _____ <b>PERSONNEL - P#</b> <u>      </u> <b>LEVEL</b> #1: _____ MR B I P #2: _____ MR B I P	



	<b>GROUND &amp; NON-TRANSPORT VEHICLE INSPECTION REPORT</b> Date: <u>04/07/2015</u> Location: <u>OEMS ERO</u>	 <b>Office of Emergency Medical Services</b> 2707 Mail Service Center Raleigh, NC 27699-2707	
<b>PROVIDER INFORMATION</b> Provider Name: <u>Elite Medical Transport, Inc. (Greene)</u> System Affiliation: <u>Greene</u> Operational Level: <u>EMT</u> <input checked="" type="checkbox"/> <u>EMT-I</u> <input type="checkbox"/> <u>EMT-P</u>	<b>VEHICLE INFORMATION</b> Current Permit #: <u>NC06813</u> VIN: <u>1G3G2CL2C1179218</u> Assigned Vehicle Number: <u>EMT-10</u> Model Year: <u>2012</u> Manufacturer: <u>GMC</u> Fuel Type: <u>Gas</u> <input checked="" type="checkbox"/> <u>Diesel</u> <input type="checkbox"/> <u>4 X 4</u> Inspection Type: <input checked="" type="checkbox"/> <u>Ground</u> <input type="checkbox"/> <u>Non-transport</u> <input type="checkbox"/> <u>New Only</u> Height: <u>48</u> Length: <u>102</u>		
Highlighted items are not required for Non-transport vehicles. (Non-transport vehicles require one (1) 10" Cylinder and one (1) Suction Apparatus)			
<b>EMT-B Inspection</b> <b>Mandatory Items:</b> Vehicle Body & Function <del>Appropriate Restraints for Crew &amp; Non-patient Passenger</del> Warning Devices (Lights & Siren) <del>Two-way Radio in Front &amp; Radio Control Device</del> <del>Mounted in Patient Compartment</del> <del>Interior Dimensions (min. 14' x 102")</del> <del>Wheelchair with Securing Straps</del> O <sub>2</sub> Cylinder with Regulators (2 sources) Suction Apparatus (2 sources) Bag Valve Mask (adult & child size bags with adult, child, infant, & neonatal masks) Defibrillator with adult & PED Pads Sphygmomanometer (cuffs & devices) for PED, normal adult, & large adult Stethoscope <del>Heating &amp; Cooling Source</del> <del>Patient Compartment Lighting</del> Tourniquet <b>Mandatory at the Discretion of Medical Director for BLS Providers</b> Blind Insertion Airway Device with Syringe (adult & PED sizes) Beta-agonists (Albuterol, etc.) Nebulizer Aspirin Epinephrine Auto Injector (adult & PED) Nitroglycerin Naloxone Nasal Administration Device <b>Fifteen (15) Point Deductions:</b> <del>Long Backboard</del> <del>Stretcher (3' Backboard Stretcher equivalent)</del> <del>Stair Chair or Potentiometer</del> <del>Stair Chair or Potentiometer</del> <del>Stair Chair or Potentiometer</del> <del>Stair Chair or Potentiometer</del> Cervical Spine Immobilization Device (S, M, & L) <del>Pediatric Spinal Immobilization Device</del> <del>Short Backboard with Straps</del> <del>Adult Spinal Immobilization System Device</del> <del>Short Backboard with Straps</del> <del>Long Backboard with Straps</del> <del>Long Backboard with Straps</del> <del>Long Backboard with Straps</del> Upper & Lower Extremity Immobilization Devices <del>Pediatric Restraint Device available for restraint</del> <del>Stretcher</del> Oropharyngeal Airways (3 adult & 3 PED sizes) Nasopharyngeal Airways (3 adult & 3 PED sizes) Nasal Cannula (adult) Nasal Cannula (PED)	<del>Non-rebreather with Tubing (adult)</del> <del>Non-rebreather with Tubing (PED)</del> <del>Suction Catheters (one between 6 &amp; 10F)</del> <del>Suction Catheters (one between 12 &amp; 16F)</del> <del>Rigid Pharyngeal Suction Device</del> <del>Wide Bore Suction Tubing</del> <del>Thermometer (low temperature capability)</del> <del>Glucose Measuring Device</del> <del>Pulse Oximeter (adult &amp; PED sizes)</del> <del>Gloves (latex free)</del> <del>Gloves (non-sterile)</del> <del>Mounted Fire Extinguisher</del> <del>Flashlight with Extra Batteries</del> <del>Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)</del> <del>Disposable Biohazard Trash Bags</del> <del>N-95 or HEPA Masks</del> <del>Disinfectant Hand Wash</del> <del>Disinfectant for Cleaning Equipment</del> <del>Sharps Containers (2 sources)</del> <del>Emesis Collection Device</del> <del>Chair</del> <del>Beanbag</del> <del>Shoes, Slippers, Pillowcases, &amp; Towels</del> <del>Thermal Blanket (or other heat conserving device)</del> <del>Sterile OB Kit (scissors, bulb suction, cord clamps)</del> <del>Bulb Syringe (separate from OB)</del> <del>Length/Weight-based Pediatric Tape</del> <del>Dressings, Bandages, Roll Gauze</del> <del>Triangular Bandages (at least 2)</del> <del>Occlusive Dressing</del> <del>Adhesive Tape</del> <del>Heavy Duty Scissors</del> <del>Alcohol Wipes</del> <del>Lubricating Jelly</del> <del>Triage System</del> <del>Sterile Irrigation Solution</del> <del>Burn Sheet</del> <del>Cold Packs</del> <del>Medications and Fluid kept in Climate-controlled Environment</del> <del>Provider Name Displayed on Each Side</del> <del>Reflective Tape on all Sides</del> <del>Equipment Secured in Pt. Compartment</del> <del>Copy of Protocols</del> <del>Exterior Cleanliness</del> <del>Interior Cleanliness</del>	<b>EMT-I Inspection</b> <b>Mandatory Items:</b> ET Blades (3 adult & 3 PED sizes) ET Handles w/ extra Batteries & Bulbs ET Tubes (3 adult & 3 PED sizes) ET Stylettes (adult & PED sizes) ET Tube Holder Blind Insertion Airway Device with Syringe (adult & PED) McGill Forceps (adult & PED sizes) IV Admin Set micro/macro IV Catheters in at least 4 sizes Needles in various sizes (1 must be 1.5 in for IM injections) Syringes (in at least 3 sizes) IV Arm Board Color Metric/Waveform/Numeric End Tidal/CO <sub>2</sub> Detector <b>Fifteen (15) Point Deductions:</b> Acetaminophen or NSAID Aspirin Beta-agonists (Albuterol, etc.) Crystalloid solution Diphenhydramine Epinephrine Glucagon Glucose solution Meconium aspirator adaptor Naloxone Nebulizer Nitroglycerin <b>EMT-P Inspection</b> <b>Mandatory Items:</b> Monitor/Defibrillator with Electrodes & 2 sizes of Pads or Paddles with 12 LEAD Capacity Pacemaker (external) Intraosseous Needles (adult & PED sizes) Needle (3" or longer & 14ga for chest decompression) Surgical Cricothyroidotomy Airway Kit (required for RSI only) Waveform Capnography (required for RSI only)	<b>Fifteen (15) Point Deductions:</b> Adenosine Antiarrhythmic (Amiodarone, Lidocaine, Procainamide) Antiemetic Atropine Calcium Chloride/Gluconate Beta Blockers (Metoprolol, Labetalol, etc.) or Calcium Channel Blockers (Diltiazem, etc.) Narcotic Analgesic Benzodiazepine Dopamine Sodium Bicarbonate Steroid preparation <b>A three (3) point deduction should be given for each size missing, or fifteen (15) points for entire item, unless mandatory.</b> Missing an entire mandatory item may result in Summary Suspension or refusal of a permit. <b>Total Inspection Scoring</b> _____ x 3 pts = _____ _____ x 15 pts = _____ Total Points: <u>0</u> <b>Inspection Results</b> PASSED ≤ 30 points = Satisfactory > 30 points = Unsatisfactory <input type="checkbox"/> Deficiencies corrected during inspection <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Permit #: <u>NC07972</u> Expiration: <u>04/30/2017</u> _____ FAILED <input type="checkbox"/> Refusal of a Permit <input type="checkbox"/> Failed - Temporary <input type="checkbox"/> Failed - Suspension Issued
Comments: _____ _____ _____ <b>For NCOEMS Use Only:</b> Inspector: <u>Paul Allen</u> Date Entered in CIS: <u>04/07/2015</u>		<b>Compliance Inspection:</b> _____ Ramp _____ Spot _____ Provider Representative: _____ <b>PERSONNEL - P#</b> <u>LEVEL</u> #1: _____ MR B I P #2: _____ MR B I P	

II.

B. Elite Medical Transports gets written permission from each county that we are franchised in to use the local EMS frequencies that are available in that county thru Emergency Management. Elite also utilizes State EMS frequency 155.280 if needed.

C. Unable to locate at this time. We are currently in the process of locating this form from the FCC.

D. Elite Medical Transport has in each ambulance mobile radios that are capable of transmitting and receiving from 130.00MHz to 180.00MHz. Some of our ambulances are equipped with N.C. Viper radios.



### III. Description of Applicant Organization Facility.

#### A. Location from which ambulance or rescue vehicles intend to operate.

BUILDING STRUCTURE, ETC.	ADDRESS	SQUARE FOOTAGE	BASE OR SATELLITE STATION	HOURS OF OPERATION
Office Building	109 Heritage Crossing South Hill NC 28580	1,200 SF	Base	24 hrs

#### B. Required Attachments:

1. Brief description of each facility identified in (A) above including location, proposed area to be served by location, accurate estimate of minimum and maximum response times to calls within the district to be served and availability of sheltered parking and description of services provided at each location.
2. Map showing location of each facility identified in (A) above and the proposed area to be served.

III.

B – 1:

Our office location for Elite Medical Transport Services, Inc. is located at 109 Heritage Crossing, Snow Hill NC. The map located below shows our location as requested in the Franchise Application.

All trucks and personnel operate out of this facility at the present time. Future operations outside of our county as required under any franchise agreement will be completed upon approval of the franchise. This application request is for Jones County, North Carolina. We anticipate response times for Jones County to be 5 to 20 minutes depending on location within Jones County. At present trucks are staged daily in Lenoir County that cover the Jones County area rather than from Snow Hill, NC.

Initial services to be offered will be BLS to advance to ALS (Intermediate) within 6 months.

B-2: Map of current location that houses Elite Medical Transport Services Inc. is in Snow Hill, with satellite units to be provided as required under approved Franchise Agreements.



109 Heritage Crossing Snow Hill NC

IV. Description of applicant's capability to provide twenty-four (24) hour coverage, seven (7) days a week for the area to be served. (Make attachments if necessary).

A.

See attachment 1K A.

B. Required Attachments:

1. Alphabetical roster of personnel with names, addresses, social security number, level of certification, dates of certification and expiration and position or duties within the organization.
2. Such other information as may prove beneficial to the county in determining the capability of the applicant to provide services in Jones County.

## Section IV.- 4A

## 24 hour coverage capabilities

Currently, Elite Medical Transport has 33 full time employees and 9 part-time employees. From this group, there are 1 EMT-P, 6 EMT-I's, 28 EMT-B's. These employees have experience in the medical field ranging from 1 year to 22 years.

Our company operates 24 hours a day, 7 days a week, 365 days a year. We have been approved and have a crew available at all times to transport patients to and from Jones, Lenoir and Greene Counties and this capability will be provided to Craven and Jones county as well through our dispatch service.

Elite Medical Transport  
Personnel Roster

State Id	First Name	Last Name	Job Title(s)	Last 4	Certifications	Exp Date	Status	DR LIC #	Home Address	Phone #	DOB	Start Date	Alt
P010209	Angelia	Pheips	Compliance Officer	3629	EMT-Intermediate	3/31/2017	FT	5738016	58 Terry St. Washington 27889	252-945-1184	2/9/1963	4/24/06	Y
P011016	Kenneth	Kornegay	Crew Chief	9616	EMT-Basic	6/30/2018	FT	20068130	1970 Spiritual Dr. Kinston, NC	252-933-3058	5/2/1965	4/24/06	Y
P014618	Linda	Overton	EMS Technician	8363	EMT-Intermediate	1/31/2017	PT	3005821	3178 US HWY 13 Goldsboro 27530	919-580-8792	1/3/1954	4/24/06	Y
P021210	Bonnie	Bradich	ASSISTANT C.O.O.	1241	EMT-Basic	3/31/2020	FT	64771400	2650 Glenfield Dr. Snow Hill 28580	252-560-2814	8/27/1967	2/24/06	Y
P024709	Julie	Parker	EMS Technician	3808	EMT-Intermediate	7/31/2016	PT	29042911	373 Vandford Thomas Rd. Snow Hill	252-286-4781	9/21/1963	4/24/06	Y
P028379	Sue	Farmer	Training Officer	7242	EMT-Paramedic	2/29/2016	FT	5932021	4172 Ormondsville Rd Ayden	252-413-5105	1/10/1953	11/24/14	Y
P030333	Chad	Bradich	C.O.O.	7351			FT	8425516	2650 Glenfield Dr. Snow Hill 28580	252-943-8529	1/12/1990	10/1/14	Y
P037202	Anna	Wiggins	Field Training Officer	3637	EMT-Basic	6/30/2018	FT	37701448	1898 Evermay Farm Rd. Walstonburg	252-560-5763	1/12/1990	10/1/14	N
P112011	Barfield	Chalady	EMS Technician	6591	EMT-Basic	5/31/2020	FT	37025471	102 Pioneer Dr Lagrange NC 28551	919-648-2814	12/15/1987	7/25/16	N
P079632	Nicholas	Pollock	Maint. Officer	507	EMT-Basic	3/31/2015	FT	20021520	5567 Hwy 258 S Snow Hill 28580	252-253-0411	12/21/1980	6/28/12	Y
P081259	Tricia	Gooding	EMS Technician	4381	EMT-Basic	9/30/2015	FT	26083544	1537 Savannah Hgts. Dr. Kinston 28501	252-560-6336	10/17/1986	11/21/13	N
P105293	Kristen	Hakes	EMS Technician	1087	EMT-Basic	5/31/2019	FT	33800043	208 Crescent Dr. Dudley 28333	919-288-1913	9/12/1981	7/25/16	N
P103201	Shameeka	Ivey	EMS Technician	806	EMT-Basic	12/31/2018	FT	22631227	213 Devonshire Dr Goldsboro NC 27530	919-288-1913	9/12/1981	7/25/16	N
P102963	Amber	Mitchum	Crew Chief	3524	EMT-Basic	12/31/2018	FT	38768971	206 S Douglas St Goldsboro	919-736-1616	7/4/1981	8/10/15	N
P102965	Brittany	Mitchum	EMS Technician	3523	EMT-Basic	12/31/2018	FT	38366262	4461 US 70 W Pinetown 27569	919-750-5822	9/30/1993	8/10/15	N
P036447	Christopher	McDade	Crew Chief	4363	EMT-Basic	1/31/2018	FT	30965311	3220 Cary Rd Apt C Kinston	919-709-9975	6/23/1983	5/7/14	N
P098927	Deborah	Blades	Crew Chief	7675	EMT-Basic	5/31/2018	FT	311348423	271 Sheridan Forest Dr. Apt 1305 Ghoro	518-420-7949	8/1/1991	8/10/15	N
P102960	Justin	Williamson	Crew Chief	7998	EMT-Basic	12/31/2018	FT	28068762	516 Mitchell Rd. Dudley 28333	919-648-8683	2/6/1986	2/6/15	N
P101443	Staci	Spangler	Crew Chief	621	EMT-Basic	9/30/2018	FT	21632202	1076 Moore Town Rd Walstonburg	252-289-8510	4/23/1990	3/23/15	N
P095997	Katlyn	King	Field Training Officer	3957	EMT-Basic	12/31/2018	FT	38281470	157 Rita Ln. Goldsboro, NC 27530	919-766-1381	7/4/1981	2/11/15	N
P112121	Kelley	Twiggs	EMS Technician	6662	EMT-Basic	5/31/2020	PT	34955488	121 Country Run Ln Goldsboro NC 27530	919-736-1616	1/15/1992	8/13/16	N
P088180	David	Carter	Safety Officer	88	EMT-Basic	5/31/2016	FT	126447019	1510 Cobblestone Dr Kinston	855-201-1372	10/1/1984	8/24/15	Y
P098708	Aubrey	Maupin	EMS Technician	6129	EMT-Basic	8/31/2018	PT	30368779	411 Wedgewood Dr. Greenville, NC	252-624-7095	11/13/1994	9/4/15	N
P090563	Dexter	Howell	EMS Technician	6633	EMT-Basic	4/30/2017	FT	25081640	1204 Porter St Goldsboro NC 27530	919-739-9942	4/21/1986	7/11/16	N
P105303	Jacuan	Dixon	EMS Technician	3777	EMT-Basic	5/31/2019	PT	23274218	105 Collingwood Dr. Pikeville 27863	919-222-7483	9/8/1984	9/1/15	N
P107917	Abigail	Jones	Logistics Officer	211	EMT-Intermediate	09/30/2019	FT	36845295	253 Grant Rd. Goldsboro, NC	919-273-3810	10/17/1993	9/1/15	N
P037887	Freddy	Stewart	EMS Technician	2231	EMT-Intermediate	11/30/2018	FT	7968965	5743 HWY 17 S New Bern 28562	252-670-3357	1/3/1970	11/19/15	Y
P105305	Haley	Brown	Crew Chief	6561	EMT-Basic	5/31/2019	FT	35770091	PO Box 263 Fremont NC 27830	919-709-9144	10/28/1996	7/11/16	N
P109768	Austin	Freeman	EMS Technician	4440	EMT-Basic	1/31/2020	FT	39471054	457 Peele Rd Goldsboro 27534	919-356-7141	4/2/1996	2/1/16	Y
P012446	Cathy	Eubanks	EMS Technician	4924	EMT-Intermediate	9/30/2016	PT	7763234	4900 Sidney's Ln LaGrange 28551	252-268-6797	10/14/1971	2/1/16	Y
P095035	Jeffery	Anderson	Crew Chief	8003	EMT-Basic	4/30/2018	FT	23137021	1344 Mike Stocks Rd Hookerton NC 28538	252-286-4617	8/22/1996	7/11/16	Y
P037802	Terran	Steele	EMS Technician	4992	EMT-Basic	7/31/2019	FT	34585262	150 Christy Dr. Beulaville, NC	919-298-1992	3/22/1996	6/14/16	Y
P111381	Ryne	Duffley	EMS Technician	3347	EMT-Basic	1/31/2020	FT	31242756	94604 Smithfield Rd Goldsboro NC 27530	919-738-8224	11/8/1991	7/26/16	Y
P106876	Michael	Davis	EMS Technician	4017	EMT-Basic	7/31/2019	FT	34454886	119 Heron Dr. Goldsboro NC 27534	919-778-1590	12/29/1994	7/28/16	Y
P092762	Tammy	DeMio	EMS Supervisor	576	EMT-Basic	5/31/2017	PT	8686192	8977 Frank Rd Kenly, NC 27542	252-294-5482	5/6/1994	3/25/15	Y
W/C	Jack	Northcutt	W/C Supervisor	4254	Transporter	N/A	FT	8443422	1671 Hull Rd. Snow Hill 28580	252-560-4422	6/20/1964	8/10/10	Y
W/C	Brittany	Merritt	W/C Training Officer	8553	Transporter	N/A	FT	37531834	373 Vandford Thomas Rd. Snow Hill	252-320-2045	6/23/1990	2/17/14	N
W/C	Robert	Northcutt	W/C Transporter	3207	Transporter	N/A	PT	1022473005	1671 Hull Rd. Snow Hill 28580	252-521-0674	1/9/1991	6/2/14	Y
W/C	Brianna	Bell	W/C Transporter	7168	Transporter	N/A	PT	30055028	102 Chieles Dr. Snow Hill 28580	252-560-9243	7/14/1994	4/1/14	N
W/C	Gerick	Hooker	W/C Transporter	1104	Transporter	N/A	PT	6050724	1537 Savannah Hgts. Dr. Kinston 28501	252-520-3073	5/3/1963	6/24/14	N
W/C	Shila	Foye	W/C Transporter	7840	Transporter	N/A	PT	5187634	2109 Viking Dr. Apt 15-C Kinston	252-559-0168	7/7/1978	8/28/14	N
W/C	Brad	Conwell	W/C Transporter	7911	Transporter	N/A	PT	8774607	5099 Beamon Old Creek RD Snow Hill	252-521-5742	7/8/1975	7/21/2015	N



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/22/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> TOMMY DAVIS INSURANCE AGENCY PO BOX 310 WINDSOR, NC 27983	<b>CONTACT</b> LIZ MULDER <b>PHONE</b> 252-794-4141 <b>FAX</b> 252-784-5060 <b>EMAIL</b> wldavis@nationwide.com <b>ADDRESS</b>
<b>INSURED</b> Elite Medical Transport, Inc 448 White Oak Rd. Windsor, NC 27983	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Proassurance Specialty Ins. Co. INSURER B: Bridgefield Casualty Ins. Co. INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSURER	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EXP. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> MALPRACTICE LIABILITY GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> MAX <input type="checkbox"/> NET <input type="checkbox"/> LOSS OTHER:		AFCZ387715	09/28/2014	09/28/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (See schedule) \$ 50,000 MED EXP (any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Included COMBINED SINGLE LIMIT (See schedule) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEP <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (mandatory to file) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	186-35378	09/28/2014	09/28/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 100,000 EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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07/06/2014/MON 09:02 AM

P. 001

**Form W-9**  
(Rev. November 2005)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer  
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Print or type  
See Specimen Instructions on page 2.

Name (as shown on your income tax return)  
**ELITE MEDICAL TRANSPORT**

Business name, if different from above

Check appropriate box ☐ Individual/ Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ☐ Exempt from backup withholding

Address (number, street and apt. or suite no.)  
**446 WHITE OAK RD**

City, state, and ZIP code  
**WINDSOR, NC 27983**

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	
2	0 3 6 3 5 5 1 6

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here      Signature of U.S. person      Date

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

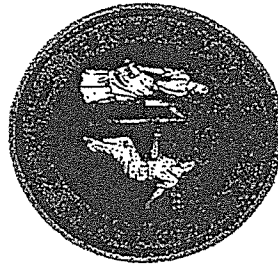
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

Form W-9 (Rev. 11-2005)

# State of North Carolina

Office of Emergency  
Medical Services



Medical Care  
Commission

Department of Health and Human Services  
Division of Health Service Regulation

Having met the requirements of North Carolina General Statute 131E-155.1 and the rules of the North Carolina Medical Care Commission for the licensing of EMS Agencies.

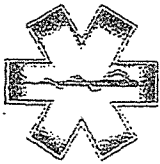
**ELITE MEDICAL TRANSPORT SERVICE, INC.**

is hereby issued an

**EMS Agency License**

This License, Number 1849, expires the last day of August, 2020

Office of Emergency  
Medical Services



Medical Care  
Commission





GREENE COUNTY DEPARTMENT  
OF EMERGENCY SERVICES

201 MARTIN L. KING, JR PARKWAY  
SNOW HILL, NC 28580

Emergency Services - 252-747-2544  
Fax - 252-747-4222

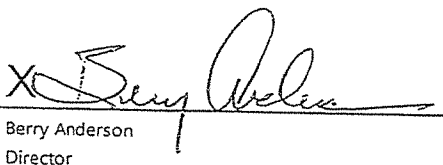
Berry Anderson  
Director

Colby Chase  
Fire & EM Coordinator

Herman Warrick  
EMS Coordinator

To whom it may concern:

This is a letter of recommendation for Elite Medical Services INC. for their valuable contribution to the citizens of Greene County and assisting in time of need as well as being a backup for 911 calls when needed.  
Sincerely,

  
Berry Anderson  
Director

OCTOBER 17, 2016 7:00 P.M.

JONES COUNTY BOARD OF COMMISSIONERS

REGULAR MEETING

JONES COUNTY AGRICULTURAL BUILDING, 110 MARKET STREET

TRENTON, NC 28585

MINUTES

**COMMISSIONERS PRESENT:**

Zack Koonce, Chairperson

Frank Emory, Vice-Chairperson

Mike Haddock, Commissioner

Joseph Wiggins, Commissioner

Sondra Ipock-Riggs, Commissioner

**OFFICIALS PRESENT:**

Franky J. Howard, County Manager

Brenda Reece, Finance Officer

Eric Merritt, Emergency Management

Susan Gray, Register of Deeds

**COMMISSIONERS ABSENT:**

The Chairperson called the meeting to order. Commissioner Mike Haddock gave the invocation.

**MOTION** was made by Commissioner Sondra Ipock-Riggs, seconded by Commissioner Frank Emory, and unanimously carried **THAT** the agenda be **APPROVED** as presented.

**MOTION** made by Commissioner Joe Wiggins, seconded by Commissioner Frank Emory, and unanimously carried **THAT** the minutes for the Regular Meeting on October 3, 2016 be **APPROVED**.

**PUBLIC COMMENT PERIOD:**

Mr. Wayne Hurley addressed the Board and asked when the trash pickup in the area would resume.

**1. HURRICANE MATTHEW AND STORM UPDATE**

Mr. Franky Howard updated the Board of Commissioners on Hurricane Matthew and the aftermath of the storm. Franky Howard mentioned that trash pickup would resume this week. Waste Industries was not able to run the normal schedule due to the flooding. EOC opened Saturday morning and ran through the following Saturday morning. There were 52 in the shelter. Jones County was fortunate considering the damage that is in neighboring counties. Franky Howard mentioned that all the agencies and different departments worked well together. Eric Merritt also updated the Board on storm statistics. This is information only no action needed by the Board. A copy of the statistics is marked **EXHIBIT A** and is hereby incorporated and made a part of the minutes.

**2. TAX COLLECTION REPORT**

Mr. Franky Howard presented to the Board the Tax Collection Report. This is information only no motion needed. A copy of this report is marked **EXHIBIT B** and is hereby incorporated and made a part of the minutes.

**3. BUDGET AMENDMENTS**

Mr. Franky Howard presented the Board with budget amendments to keep the County in line with expenditures. **MOTION** made by Commissioner Frank Emory, seconded by Commissioner Joe Wiggins and unanimously carried **THAT** the Budget Amendment numbers